



## GEORGIA TRAUMA COMMISSION

### Georgia Trauma Commission Meeting May 20, 2021 Agenda

#### **11:00 am to 11:15 am (15 minutes)**

Welcome, call to order & establish quorum

Dr. Dennis Ashley

Approval of February 25, 2021 Meeting Minutes \*

Chairman's Report

#### **11:15 am to 11:25 am (10 minutes)**

Executive Director's Report

Elizabeth Atkins

#### **Subcommittee & Workgroup Reports 11:25 am to 12:05 pm (40 minutes)**

Bylaws Workgroup

Dr. Michelle Wallace

Budget Subcommittee Report\*

Dr. Regina Medeiros

EMS Subcommittee Report

Courtney Terwilliger

Injury Prevention Subcommittee Report

Dr. John Bleacher

Trauma System Metrics & Data Workgroup Report

Dr. James Dunne

Level III/Level IV/Rural Trauma Center Workgroup

Dr. Greg Patterson

Dr. Alicia Register

Trauma Administrators Subcommittee

Dr. Michelle Wallace

#### **Trauma System Partner Reports 12:05 pm to 12:30 pm (25 minutes)**

GCTE Subcommittee Report

Jesse Gibson

Georgia Trauma Foundation Update

Lori Mabry

GQIP update

Gina Solomon

Dr. Christopher Dente

Office of EMS and Trauma Update

David Newton

Renee Morgan

#### **12:30 am to 12:45 am (15 minutes)**

Old Business: Attorney General Presence Request

Dr. Dennis Ashley

#### **12:45 pm to 12:50 pm (5 minutes)**

New Business

Dr. Dennis Ashley

Motion to Adjourn\*

\* Commission action anticipated



## GEORGIA TRAUMA COMMISSION

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## BRIEF MEETING MINUTES

<b>Meeting/Project Name:</b>	Georgia Trauma Commission		
<b>Date:</b>	February 25, 2021	<b>Start time:</b>	11:05AM
<b>Location:</b>	Virtual Meeting	<b>End time:</b>	12:54PM
<b>Chair:</b>	Dr. Dennis Ashley	<b>Minute taker:</b>	Erin Bolinger
<b>1. Meeting Objective(s)</b>			
<b>PURPOSE:</b> Discuss & review Commission accomplishments to date, review proposed AFY2021 Spend Plan.			
<b>OBJECTIVES:</b> 1. Dr. Bleacher re- appointment 2. TC Administrators Group Chair 3. HB 511 4. AFY 2021 Spend Plan proposed by Budget Subcommittee 5. MARCH PAWS Civilian project			
<b>2. Attendance</b>			
<b>Commission Member Present</b>			<b>Apologies</b>
Dr. Dennis Ashley, Chair	Dr. Michelle Wallace	Victor Drawdy	Dr. James "Jay" Smith
Dr. James Dunne, Vice Chair	Courtney Terwilliger	James E. Adkins, Sr.	
Dr. Regina Medeiros, Secretary	Dr. John Bleacher		
<b>3. Actions</b>			
<b>Motions</b>			<b>Discussion led by</b>
1. <b>Approval of November 19, 2020 minutes as presented</b> - Motion made by J. Adkins 2 <sup>nd</sup> by J. Dunne; motion carries.			Dr. Dennis Ashley
2. <b>Approval of AFY 2021 Spend Plan as Budget Subcommittee approved and recommended</b> Unanimous approval from all Commission members present.			Dr. Regina Medeiros
3. <b>Approval for Attorney's General presence at the May 2021 meeting to understand the Commission's administrative attachment to Georgia Department of Public Health</b> - Motion made by C. Terwilliger 2 <sup>nd</sup> by V. Drawdy; motion carries.			Courtney Terwilliger
4. <b>Motion to Adjourn-</b> Motion made by C. Terwilliger 2 <sup>nd</sup> by J. Dunne; motion carries.			Dr. Dennis Ashley
<b>4. Follow-up Items</b>			
<b>Action</b>	<b>Responsible</b>	<b>Due Date</b>	
1. Re-engage Trauma Administrators Subcommittee	Dr. Michelle Wallace	05.20.2021	
2. MARCH PAWS Implementation Plan Update	Courtney Terwilliger	05.20.2021	
<b>5. Next Meeting</b>			
<b>Date:</b>	May 20, 2021	<b>Time:</b>	TBD
<b>Location:</b>	Georgia Public Safety & Training Center		
<b>Objective(s):</b>	1. FY 2022 Budget Approval 2. Trauma Administrators Subcommittee 3. MARCH PAWS Update		



## GEORGIA TRAUMA COMMISSION

### GEORGIA TRAUMA COMMISSION Thursday, February 25, 2021 Virtual Meeting

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Dr. Dennis Ashley, Chairman Dr. James Dunne, Vice-Chairman Dr. Regina Medeiros, Secretary /Treasurer Mr. James E. Adkins Sr. Dr. John Bleacher Mr. Victor Drawdy Mr. Courtney Terwilliger Dr. Michelle Wallace	Dr. James J. Smith

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Elizabeth V. Atkins Gina Solomon Katie Hamilton Erin Bolinger Renee Morgan David Newton Marie Probst Lori Mabry Dr. Chris Dente	GTC, Executive Director GTC, GQIP Manager GTC, Business Operations Officer GTC, Office Coordinator OEMS/T OEMS/T OEMS/T Georgia Trauma Foundation GQIP, Emory

**Call to Order:** Dr. Ashley called the meeting to order at 11:05 AM with eight of nine members present via conference call.

#### **Chairman's Report** 22:50

***Presented by Dr. Dennis Ashley***

Dr. Ashley welcomed everyone and acknowledged that we wish we could be together in person, but the COVID-19 resurgence has made this difficult. I hope that, as COVID-19 numbers come down, we can meet again in person by the time the Commission meets again in May this year. For now, we will do the best we can with the virtual format. Dr. Ashley acknowledged that everyone on the call is heavily involved in COVID-19 efforts in some fashion; many people have been redeployed from their regular jobs to COVID-19 units. For Commission members and all healthcare providers, thank you for working so hard and for your willingness to redeploy to areas and duties that you do not do on a routine basis in support of the COVID-19 effort.



Gina and Liz have collected some data to look at the effect of COVID-19 on our trauma centers. There are some thoughts that our trauma volumes are down considering COVID-19. Based on trauma registry data that Gina and Liz collected, overall trauma volume across our State is up just under five percent. The data is blinded; one center was up 27% over 2019 volume, and a few centers did experience a reduction in trauma volume, but Statewide, trauma is up nearly 5%. We want to speak to our legislators and let them know that any additional funding is needed. Unless their other people have data that I haven't seen, there seems to be what I would call a rumor that hospitals are getting rich off the federal government allocations (CARES Act). I don't know what the precise flow of funds is and, while it is true, hospitals are getting some funding for COVID-19, the problem is that many hospitals have had to shut down their "engine," or revenue source, to care for COVID-19 patients. In my facility, our COVID-19 patient volume forced the shut down of elective surgery. Like many other institutions, we had to make a significant portion of our recovery room a non-COVID intensive care unit. We couldn't do any surgery electively because we didn't have anywhere to recover our patients. While hospitals may have received federal aid for COVID, a hospital's main engine for revenue was shut down or significantly curtailed during COVID. At the Capitol, we need to articulate to legislators that all rural and metro centers are hurting financially due to COVID.

Dr. Ashley advised that the amended budget just passed, AFY 2021, Commission will be receiving just over \$9 million to make us whole. Dr. Ashley asks Dr. Michelle Wallace to reinvigorate the trauma administrator's group as Chair of that group as a Commission member. Many of the administrators were involved with COVID, but with the numbers coming down, the hope is to get this group re-engaged over the next few months as their input is vital for the Commission to make decisions. Dr. Ashley mentioned the "MARCH PAWS" military program. We are working to tailor this program for integration into the rural Georgia civilian setting. The MARCH PAWS mnemonic stands for: massive hemorrhage, airway, respiration, circulation, hypothermia/head injury, pain, antibiotics, wounds, splints. This program represents a significant opportunity to support our rural hospitals and rural EMS with an evidence-based program working in the military setting. This program can save lives and potentially get patients into our trauma centers much quicker and with lifesaving measures already in place. This program is currently one of our most important initiatives this year, and I commend those involved in this initiative.

**MOTION GTCNC 2021-2-01:**

**I make the motion to approve the November 20, 2020 meeting minutes as presented.**

**MOTION BY:** Jim Adkins

**SECOND BY** James Dunne

**VOTING:** All members are in favor of the motion.

**ACTION:** The motion **PASSED** with no objections, nor abstentions.

**Executive Director Report** (33:49)***Presented by Ms. Elizabeth Atkins***

Ms. Atkins reviewed Super Speeder fees and Fireworks excise tax revenue summaries (Attachment A). We are providing graphs to better analyze trends year over year. The goal is to track the fiscal year allocation against revenues. HB 511 may enable all the funds to flow directly to trauma; it is enabling legislation that ties back to the constitutional amendment passed in November. The CY 2019 vs. CY 2020 data (pre-COVID & during COVID) reflects a slight decrease, but there is undoubtedly a reason for concern, and we are watching this closely as it impacts our funding. Fireworks excise tax revenues are not reported to the GTC in the same fashion as Super Speeder. Ms. Hamilton and Ms. Atkins are working to see if it is possible to get a more detailed breakdown of allocations as defined in code.

Ms. Atkins provided information on the TCAA Virtual Advocacy Institute & Lobby Day to Commission members. Lobby Day was a great way to connect with Washington, DC lawmakers on funding the Mission Zero Act, which passed in 2020 with unanimous, bipartisan support. The ask is for \$11.5M to provide grants to trauma centers to integrate military teams to be deployment-ready during times of conflict. Like the same theme here at the Georgia Capitol, the DC legislators advised that we address CARES funding's utilization and impact. The message must be consistent that CARES funding supported required infrastructure and resources to care for the influx of COVID patients. We were able to meet with Sen. Bill Cassidy (R-LA); Rep. Chuck Fleischmann (R-TN-03); Chris Kelly, Legislative Correspondent to Sen. Marsha Blackburn (R-TN); Naomi Plasky, Health Legislative Assistant to Sen. Raphael Warnock (D-GA) and Jaime Valera, Legislative Correspondent to Sen. Marco Rubio (R-FL).

HB 511, sponsored by Rep. Burt Reeves, is included in your packets. Ms. Atkins provided history as to how this legislation was created and will keep members posted on this bill's progress and what this may mean to our base budget and amended budget funding. There were no questions or comments for Ms. Atkins.

**Bylaws Workgroup** (44:40)***Presented by Dr. Michelle Wallace***

Dr. Wallace reported that the group met at the end of January after the last Commission meeting and had some great discussion. The group will meet again to flesh the content and have recommendations likely by the May 2021 Commission meeting.

**EMS Subcommittee** (45:25)***Presented by Mr. Terwilliger***

Mr. Terwilliger referenced the EMS subcommittee report (Attachment C). The report outlines the projects and activities the group is working to achieve. Mr. Terwilliger invited Commissioners who may not be familiar with the tasks outlined in the report to ask any questions. We are on the cusp of having every 911 vehicle in GA with AVLS capability (project #1). The subcommittee has formed a group specifically to look at a learning management system (#2) for prehospital professionals or any other healthcare providers. The group met to define what attributes of a system are desirable. The workgroup meets on March 4, 2021, to draft an RFP for vendors interested and potentially have them present their products. GEMSA education (#3) throughout the State is ongoing. In the future, the EMS subcommittee

would like to provide a spreadsheet that details not only class locations and type of class but also includes the number of students and total contact hours offered. The on-line EMT training (#4) encountered some significant challenges when COVID hit. Some valuable lessons learned from that program that the subcommittee would be discussing at the upcoming meeting. EMS leadership classes start next week at Georgia Southern.

The following two initiatives (#6 and #7) relate to increasing success with endotracheal intubation. The EMS subcommittee surveyed each 911 service in Georgia on waveform capnography and video laryngoscopy utilization. For waveform capnography, 99% of trucks are currently utilizing this technology. For video laryngoscopy, 63% of frontline 911 trucks to have this capability. Current evidence-based guidelines support the use of waveform capnography for services performing endotracheal intubation and transporting intubated patients. The EMS Subcommittee discussed the results and approved \$19,841 to purchase waveform capnography for 911 ambulances across the State. Dr. Ashley commended the EMS subcommittee's work and added that video laryngoscopy is a different skill set that requires feel. Perhaps we could incorporate that skill into the skill labs that we are funding across the State. Mr. Terwilliger confirms that video laryngoscopy skills are part of the cadaver labs. Dr. Dunne asked about the ability of prehospital personnel to administer medications to facilitate intubation. Mr. Terwilliger stated that the administration of paralytics is outside the scope of practice for paramedics in Georgia. Some services have protocols to administer sedatives. Dr. Bleacher asked if the amount to purchase video laryngoscopy to equip all 911 ambulances was similar to waveform capnography costs. Mr. Terwilliger responded that the costs were similar per unit (device); however, there were many more 911 ambulances without this technology, so the costs were more than available funding. Dr. Ashley suggests a video laryngoscopy project can document the effort involved in the skill learning process. This project may be of interest to Dr. Eileen Bulger and suitable for publication. Mr. Terwilliger also underscored documentation requirements around waveform capnography.

In terms of fiscal accountability (#8), the EMS education programming is on target to be completed before the end of the fiscal year for the first time since funding for education began. Data reliability (#9) relates to getting accurate data to the state office GEMSIS database promptly. Every service should have the ability to assess whether its data is accurate. The next meeting is in person, March 4, 2021, at Morgan County Public Safety Center in Madison, Georgia.

**AFY 2021 Proposal & Budget Subcommittee Report (1:02:38)** *Presented by Dr. Regina Medeiros*

Dr. Medeiros referred to the budget subcommittee report (Attachment B). The budget subcommittee meets monthly with an aggressive plan to accelerate the budget planning process to attain a more proactive vs. reactive stance with state budget processes and submission timelines. The subcommittee will ask that all contractors and grantees submit a budget proposal on or before July 1 to consider the FY 2022 budget cycle. The budget subcommittee will then appropriate funds as they align with the Commission's strategic plan. The subcommittee is also working on a reallocation proposal for FY 2021 funds for the Commission's consideration. Due to COVID, there are funds within our operating budget

that will remain unspent. A workgroup will be established to ensure funds are used for their intended purpose and expectations are reasonable and consistent among all contractors and grantees. Dr. Medeiros asks Dr. Smith and Dr. Wallace to participate in the workgroup. Dr. Medeiros referenced the collaboration with the Inspector General Office to identify best practices for expense reimbursement procedures that will help us ensure consistency among expense reimbursement practices with all contract and grant-funded entities. Dr. Medeiros presented the budget cycle timeline visual that will help us better align with state processes. Dr. Medeiros presented the AFY 2021 budget proposal for review; the subcommittee brings the request for consideration and vote by the Commission. Dr. Wallace asks if this \$9M makes us whole. Dr. Medeiros confirms this is the true up to the balance of the Super Speeder funds. She also recommends that the budget subcommittee begin crafting a budget inclusive of the true-up; expending a large portion of funds within a tight timeframe is challenging. Planning for the total budget will enable us to have a plan to execute efficiently and mitigate the carryover of funds from year to year.

**MOTION GTCNC 2020-02-02:**

**I make the motion to approve the AFY 2021 Spend Plan proposal as presented.**

**MOTION BY:** Budget Subcommittee

**VOTING:** All members are in favor of the motion.

**ACTION:** The motion **PASSED** with no objections, nor abstentions.

Dr. Ashley thanked Dr. Medeiros, Mr. Terwilliger, and Dr. Dunne for the budget subcommittee's work.

**Injury Prevention Subcommittee** (1:15:05)

*Presented by Dr. John Bleacher*

No report at this time. The injury prevention subcommittee could not meet in January and plans to reconvene in March and expects to provide a report at the May 2021 Commission meeting.

**Trauma System Metrics & Data Workgroup** (1:15:15)

*Presented by Dr. James Dunne*

Dr. Dunne referred to the subcommittee report (attachment D). The OEMST presented data around time to definitive care metrics at the August 2020 Commission meeting. At that meeting, Dr. Ashley appointed a data subcommittee to examine these data, develop a time to care metric and determine how to improve upon time to definitive care. The group met initially in September, and questions derived from that have helped fuel our current projects. The group identified several challenges that spurred several projects.

OEMST will launch an armband identification project that should help with data linkages. The armband can link all the different legs of the transport, particularly for trauma patients from the rural communities, from scene to referring facility to definitive care facility to better define the time to care metric. Given that two of the three data linkages rely on EMS data, the group surveyed trauma centers to understand how they utilize Hospital Hub to retrieve prehospital data for entry into the trauma

registry. Most trauma centers are using Hospital Hub, but it's not perfect; they are having trouble accessing the data they need, the system is slow, some of the required data is missing. Some facilities have access to the EMS service's electronic medical record system to retrieve the EMS trip reports. Hospital Hub will likely be the best option as it is a "one-stop-shop," we are trying to identify where we can help remove some of the barriers. Lastly, we wanted to identify a small subset of high-yield patients to look at the time to care metric. We are drilling down on a shock cohort, given that those patients are the sickest of the sick. Injured patients in shock would be the most obvious in being time-sensitive and needing quick access to definitive care versus a patient with an ankle fracture. The group meets again on March 25, 2021. There is much work ahead, but it's inspiring to have a dedicated group working to bring this to fruition. Dr. Bleacher asked about pediatric-specific time to definitive care data. Dr. Dunne is hopeful that we will ultimately break out data by each age group, but for right now, the focus is on the adult data to keep the initial subset manageable.

**Rural Trauma Care Workgroup Report (1:21:08)**

***Presented by Mr. Courtney Terwilliger***

Mr. Terwilliger (Attachment D) presented the rural care workgroup update. In rural Georgia, the training and education we perceive a considerable need for this and want to educate and utilize the MARCH PAWS program. Mr. Terwilliger explained STEMI algorithm and suspected algorithm and trauma patients are more problematic than this. Looking at MARCH PAWS, we think we can utilize this to develop a trauma algorithm. Using the MARCH PAWS concept, we can provide an algorithm format that can guide both prehospital and rural emergency departments to manage critical trauma patients.

We are working with the State Office of Rural Health on this initiative. Also, we are working with a military special operations educator who teaches this type of programming; she is willing to help us with this effort for our civilian training. Another item we are looking at is availability of data in the trauma registry for the rural centers. Improving care in these areas is difficult when you do not have data to evaluate. **With modern electronic medical record systems, this could be accomplished remotely, through a contracted resource.** In cases where there are delays in transfer, we would like to identify the causes of transfer delays, e.g., diagnostic delays, lack of availability at accepting facility, ambulance availability delays. In terms of retention and sustainability of level III and level IV centers, Liz is leading a level III and level IV workgroup to understand better the challenges and where we, as a Commission, may help. **We are working to confirm the date of the next meeting.**

**Level III/ Level IV Trauma Center Workgroup (1:28:30)**

***Presented by Ms. Elizabeth V. Atkins***

Ms. Atkins referenced the level III/level IV workgroup report (Attachment E) and explained why we established this group. The first two meetings were canceled due to the pandemic, but we met last month. Eleven of the fourteen Level III and IV centers were in attendance and allowed for open dialogue to share challenges and concerns. The predominant theme among participants was increased emergency department volume (COVID and trauma), increased acuity, and inability to get timely interfacility transfers. These factors can be a burden for hospitals trying to manage work when resources are already tight. EMS services in rural areas have limited resources to go on long transports out of their 911 zones. Courtney and I will work to integrate with the rural workgroup. This forum was an excellent



conduit for the level III and level IV centers to get together, network, share experiences, and engage in our rural South Georgia initiatives. Of significant concern is the recent loss of two rural South Georgia trauma centers that voluntarily left the trauma system. There will be another meeting in May 2021. There were no additional questions.

**GCTE Subcommittee** (1:32:25)

***Presented by Ms. Jesse Gibson***

Ms. Gibson referenced the GCTE report (Attachment F) and highlighted the work currently underway by the GCTE subcommittees. The Georgia Data Dictionary is complete under the registry subcommittee leadership of Tracy Johns. Ms. Johns and the registry group are looking at the registrar's continuing education needs. The performance improvement subcommittee has a new chair, John Pope, from Cartersville Medical Center. The former Chair, Anastasia Hartigan, is working with Mr. Pope on the leadership transition of the subcommittee and wrapping up the PI playbook project; we thank Ms. Hartigan for her leadership over the last several years. The pediatric subcommittee is primarily focused on collecting data on the imaging guidelines project and generating several new project ideas: functionality at discharge, PEWS scores, pediatric gunshot wounds. April is child abuse prevention month. The injury prevention subcommittee is developing a new special events task force to work on educational offerings around the Cardiff program. The education subcommittee is planning offerings focused on the rural areas and filling a need with the leadership turnover at many of the trauma centers around the State. Ms. Gibson recognized the work of outgoing GCTE Chair Ms. Karen Hill, transitioning to a new role as Manager of Critical Care Transport at CHOA. The next scheduled meeting for the GCTE is March 2021.

**Georgia Trauma Foundation** (01:36:37)

***Presented by Ms. Lori Mabry***

Ms. Mabry started by announcing that Rural TOPIC, Optimal, and TMD courses are open for scholarship application until the end of this week. She then thanked Dr. Bleacher for his leadership in driving the GTF in a new direction, primarily focusing in-house to ensure GTF's priorities are in order. One of those priorities was to hire a Director of Philanthropy, which we have done. Cheryle Ward joined GTF last month. Dr. Ninfa Saunders, GTF's newest board member, has been instrumental in driving the development of a framework for strategic fund-raising planning. We want to get that plan in place before implementing a staggered approach to recruiting new members. GTF now has deliverables associated with its contract as of the start of Ms. Atkins' role with the Commission, and those deliverables are included in GTF's report (Attachment G). Meetings are occurring monthly, with the executive committee meeting odd months and full board meetings on even months to ensure strategic objectives stay on track.

We are exploring a virtual advocacy event prior to the end of the legislative session. GSACS recently confirmed they are moving forward with an in-person meeting in August of this year. We are planning for a hybrid in-person and virtual option for Day of Trauma August 13, 2021 in St. Simons and tentatively looking at first week in March for the Spring meeting, more to come on that as we move forward. Drs. Bleacher and Dunne asked about cost differentials for in-person vs. virtual attendance as well as appropriate social distancing space. Ms. Mabry is working through both of those items with the venue

and will provide updates and feedback from the trauma centers' perspectives (on whether travel is permitted) once more information is available.

**GQIP Update** (1:44:42)

***Presented by Ms. Gina Solomon***

Ms. Solomon provided a GQIP update (Attachment H) which reconvened last month after a "reboot" and reintroduction in December. There are several new folks across all our trauma centers. We just completed our first TQIP report performance matrix exercise with 100% participation from all centers, including all level III centers and pediatric centers, which is a huge accomplishment. The last exercise's most significant opportunity was with the TBI population. We worked to pull a workgroup together to look at that and do a GCS motor score data validation exercise with the registry group. We have also started opioid and AKI workgroups.

Dr. Dente added Gina will hugely impact our ability to move the GQIP collaborative forward. The workgroups are new steps that wi. She will provide opportunities to have everyone involved. We have a lot of expertise in multi-modal pain management in our State. We hope to begin work on understanding opioid issues in our trauma population. We have an opportunity to build education for opioid reduction strategy in both TQIP and NSQIP centers state wide. AKI is still a significant problem statewide, and we have a fair bit of expertise in the State. These are great opportunities to collaborate with NSQIP as they have similar issues as well. The AKI project halted because we didn't have anyone to do the statistical analysis. Dr. Dente adds that he is looking forward to the newly approved ArborMetrix project to allow us much more timely access to data to intervene earlier and significantly impact, like the Michigan TQIP model. Dr. Dunne also added that he is thrilled to have Ms. Solomon's leadership of the GQIP collaborative.

**Office of EMS & Trauma** (1:52:28)

***Presented by Mr. David Newton and Ms. Renee Morgan***

Ms. Renee Morgan referenced the report provided (Attachment I). A couple of updates Ms. Morgan wanted to mention the redesignated level III center has been approved, and we are still having issues doing site visits due to COVID. Most of the facilities are smaller hospitals, and they are tasked with other roles related to COVID. Two facilities recently left (de-designated) the trauma system: Taylor Regional Hospital in Hawkinsville, GA (level III) and Appling Healthcare in Baxley, GA (level IV). They could not maintain the requirements to remain in the system but are always welcome to re-enter the system in the future. Several facilities in Region 4, where we do not currently have trauma center coverage, are interested in coming on as level IV centers. Ms. Morgan is hopeful that they may resume site visits within the next thirty to sixty days. Phoebe Putney is still working diligently towards their site visit while amid the COVID crisis. Ms. Morgan will conduct a "tabletop" discussion with Phoebe around what their timeline is, most likely within the next month. The license management system (LMS) has been in place for two quarters (for trauma center quarterly reports). While it has been tedious, Ms. Morgan believes ultimately, the electronic submission will become easier. We are surveying Trauma Program Managers to improve the user experience with the LMS. Four of our centers have ACS virtual site visits confirmed, three are reverification visits, and one is an initial verification visit.

Mr. Newton provided an update on a robust Learning Management System (LMS) that OEMST purchased with NHTSA funding. This LMS will be used for a variety of educational programming. The primary benefit is that the training can reach every medic in the State. Dr. Dunne asks for clarification on if this is a conference system. Mr. Newton responded that this is a true interactive technology where programming can be stored and accessed. **Dr. Dunne requests that Mr. Newton demonstrate the new learning management system at the next Commission meeting.** Ms. Atkins added that the data workgroup is now working with the OEMST data submissions, so those are no longer included in the packets but are available through the minutes of the data workgroup.

**New Business (2:02:55)**

***Presented by Dr. James Dunne***

Ms. Atkins says there is no new business but adds that we will have a called Full Commission meeting in March 2021 to approve the FY 2022 budget once it is finalized through the Governor's approval. Early approval of the FY 2022 budget will enable us to begin contract work and get those out before the FY 2022 fiscal year starts. Dr. Dente is seeking traction for the state COT (Committee on Trauma) to have a value add to our state trauma system. Our state system has expanded, and there is much great activity, but there are some overlap and room to improve efficiency. Dr. Dente is arranging a virtual summit for April 2021 to improve the efficiency of our actions. He would like to get the COT involved.

Dr. Dunne asks for clarification on whether these are state entities involved in the summit or national entities. Dr. Dente confirms this is a statewide initiative. **Mr. Terwilliger advised the Commission of new legislation that would require that helicopter emergency medical services (HEMS) negotiate their contracts with insurance companies which may drive some of the air ambulance services serving rural Georgia out of business.** Mr. Terwilliger also would like to make a motion to request that the Attorney's General Office be present at the May 2021 Commission meeting to help us understand the Commission's relationship to the Department of Public Health (DPH) given our administrative attachment. Dr. Ashley asks Mr. Terwilliger to define what the relationship to DPH means as the AG office will want us to be more specific about it. Mr. Terwilliger responded that he is trying to figure out how independent we are or not. Mr. Terwilliger adds that if the legislators wanted this [Commission] money to go to DPH, they would have given the funding to DPH. However, they elected to set up an attached agency to do what we do, and he thinks we have done a great job. However, it's often because we've been independent of some of their processes, so he's trying to figure out if we are acting appropriately. Mr. Terwilliger adds he thinks we are [acting appropriately], but he would like to ask those questions. Dr. Wallace asks for clarification on the HEMS specific to local insurance rate negotiations vs. charging fees based on what they currently charge. Mr. Terwilliger responds that his understanding is the legislation is targeted to out of network patients. HEMS charges have been a hot topic for several years and that he is not in favor of or opposed to it, but he is concerned that it may impact the availability of HEMS in the rural areas.

**MOTION GTCNC 2021-02-03:**

**I make the motion to request the Attorney's General's presence at our May 2021 Commission meeting to define the administratively attached relationship between the Commission and the Georgia Department of Public Health.**



**MOTION BY:** Courtney Terwilliger

**SECOND BY:** Vic Drawdy

**VOTING:** All members are in favor of the motion.

**ACTION:** The motion **PASSED** with no objections, nor abstentions.

**MOTION GTCNC 2020-11-03:**

**I make the motion to adjourn.**

**MOTION BY:** Courtney Terwilliger

**SECOND BY:** James Dunne

**VOTING:** All members are in favor of the motion.

**ACTION:** The motion **PASSED** with no objections, nor abstentions.

Meeting adjourned at 1:56 PM.

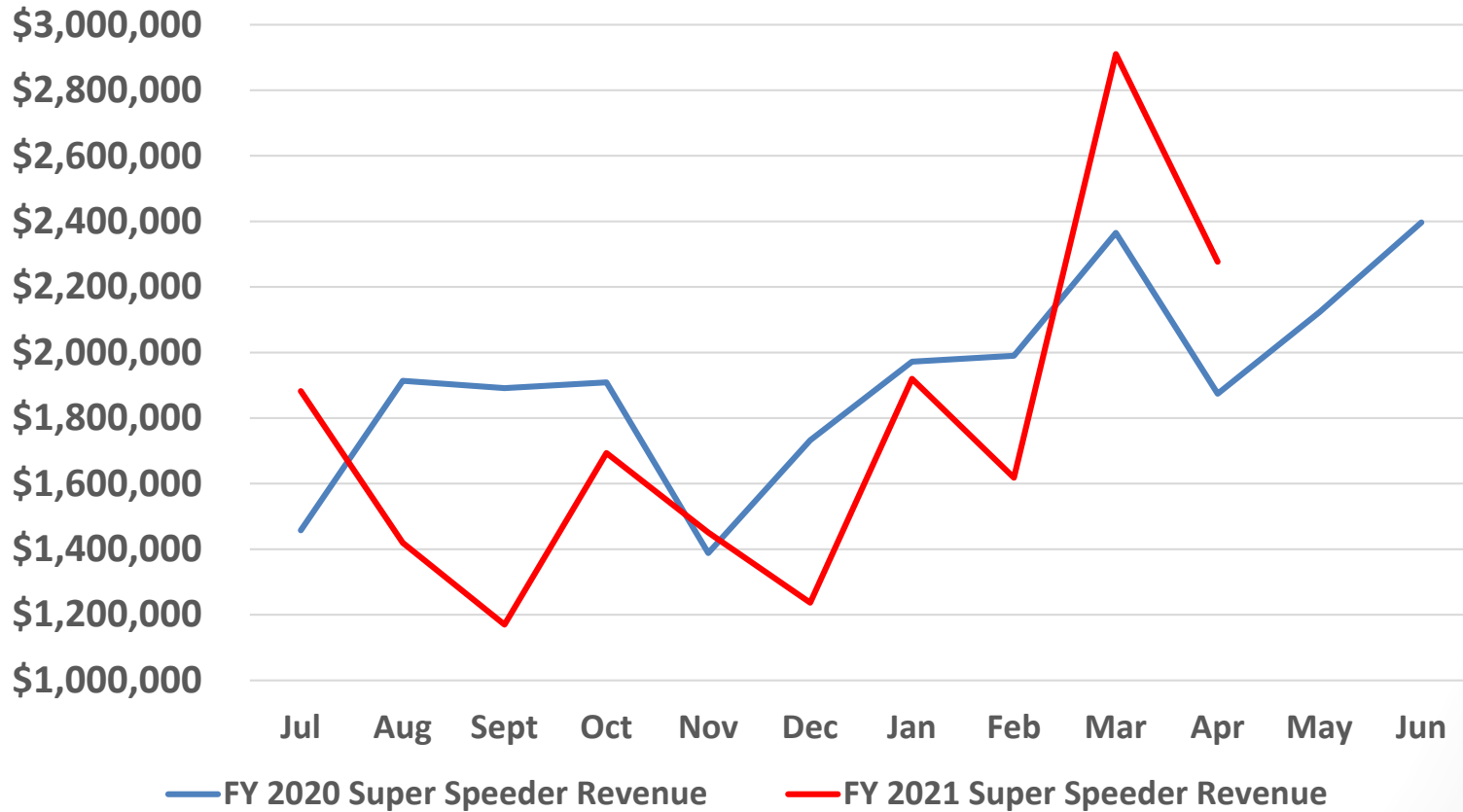
*Minutes Crafted by Erin Bolinger/E. Atkins*

# Super Speeder Revenue Summary

( 1 )



# Super Speeder Revenues FY 2020 vs. FY 2021



# Trauma Awareness Month



National Trauma Awareness Month 2021

## Safe and Secure

SAFETY IS A CHOICE, PREVENTION IS KEY



<https://www.traumanurses.org/2021-national-trauma-awareness-month>

<https://www.amtrauma.org/page/NTAM2021>

<https://www.traumasurvivorsnetwork.org/pages/national-trauma-survivors-day>

**GEORGIA TRAUMA CARE  
NETWORK COMMISSION**

**VALIDATION OF UNCOMPENSATED  
CARE CLAIM DATA**

**AGREED-UPON PROCEDURES**

**For the Year Ended December 31, 2019**

DRAFT

# GEORGIA TRAUMA CARE NETWORK COMMISSION

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For the Year Ended December 31, 2019

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## INDEPENDENT ACCOUNTANTS' REPORT

To the Georgia Trauma  
Care Network Commission

We have performed the procedures enumerated on Attachments A and A-1, which were agreed to by you, solely to assist you with respect to the validation of uncompensated care claim data for the year ended December 31, 2019. The Georgia Trauma Care Network Commission and the Georgia-designated Trauma and Burn Centers' (as listed on Attachment A) management are responsible for the uncompensated care claim data submitted for these procedures. The sufficiency of the procedures is solely the responsibility of the Georgia Trauma Care Network Commission. Consequently, we make no representation regarding the sufficiency of the procedures described on Attachments A and A-1, either for the purpose for which this report has been requested, or for any other purpose.

Our findings, documentation and recommendations for the procedures outlined in Attachments A and A-1 are outlined in Attachments B, B-1, and B-2 to this report.

This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. We were not engaged to, and did not, conduct an audit or examination, the objective of which would be the expression of an opinion on the uncompensated care claim data. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the Georgia Trauma Care Network Commission and the Georgia-designated Trauma and Burn Centers and is not intended to be and should not be used by anyone other than these specified parties.

Atlanta, Georgia

**DATE**

## ATTACHMENT A

### VALIDATION OF UNCOMPENSATED CARE CLAIM DATA: PROCEDURES

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4. For each claim selected in procedure #3 above, WA will view (through remote testing procedures) the electronic billing record (EBR) or documents comparable to the EBR to determine that as of February 12, 2021 each claim selected in our sample met the criteria for consideration as an uncompensated care claim. The criteria for consideration as an uncompensated care claim are as follows:
  - a. The EBR documents that the patient had no medical insurance, including Medicare Part B coverage;
  - b. The EBR documents the patient was not eligible for medical assistance coverage;
  - c. The EBR documents that the patient had no medical coverage for trauma care through workers' compensation insurance, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage;
  - d. The EBR documents that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments; and
  - e. The EBR documents that there were no third party payments received.
5. For each claim selected in our sample (as defined above), WA will determine that the Center has documented attempts at collection using the documentation that is available at each Center.
6. WA will verify that the Severity Score Category (SSC) assigned to each claim selected in our sample (as defined above) matches the SSC for that patient in NTRACS (trauma registry software) used by all Trauma Centers or the burn registry used by Burn Centers and is included in the National Trauma Database (NTDB).
7. WA will consider the additional clarifications approved by the GTCNC listed below:
  - A. Claims deemed qualified under the GTCNC uncompensated care definition:
    - a. Cases where financial counselors at the Center determined that the patients qualified for a charity program offered by the hospital whereby the account was written off and further attempts to collect were not made.
    - b. Cases where patients were victims of a crime and the Center received a small payment up to 10% of hospital charges from a third party charity.
    - c. Cases where patients were undocumented aliens and the Center received a small payment up to 10% of hospital charges from a third party charity.
    - d. Cases where insurance could not be verified.



## ATTACHMENT A

### VALIDATION OF UNCOMPENSATED CARE CLAIM DATA: PROCEDURES

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#### **Georgia-designated Level I and II Trauma Centers and Burn Centers:**

- Wellstar Atlanta Medical Center (AMC) – Atlanta
- Grady Memorial Hospital (Grady) – Atlanta
- Medical Center - Navicent Health (Navicent) – Macon
- Augusta University Medical Center (Augusta) – Augusta
- Memorial Health University Medical Center (Memorial) – Savannah
- Piedmont Athens Regional (Athens) – Athens
- Floyd Medical Center (Floyd) – Rome
- Northside Gwinnett Medical Center (Gwinnett) – Lawrenceville
- Piedmont Columbus Regional (Columbus) – Columbus
- Wellstar North Fulton Hospital (North Fulton) – Roswell
- Children's Healthcare of Atlanta at Egleston (Egleston) – Atlanta
- Children's Healthcare of Atlanta at Scottish Rite (Scottish Rite) – Atlanta
- Joseph M. Still Burn Center (JMS) – Augusta
- Wellstar Kennestone Regional Medical Center (Kennestone) – Marietta
- Grady Burn Center (GBC) – Atlanta
- Northeast Georgia Medical Center (Northeast) – Gainesville

#### **Procedures:**

The following are the agreed-upon procedures that Warren Averett, LLC (WA) was engaged to perform related to the Georgia-designated Trauma and Burn Centers (Centers) listed above.

1. WA will assist the Georgia Trauma Care Network Commission (GTCNC) in the development of the uncompensated care claims survey instrument for the year ended December 31, 2019 (CY2019).
2. WA will deliver the survey instrument and collect the listing of uncompensated care claims submitted by each Level I Trauma, Level II Trauma and Burn Centers. The listing will contain the claim identification number, trauma registry or equivalent number, date of admission and the patient's severity scoring.
3. For each Trauma and Burn Center (Center), WA will select a sample of the uncompensated care claims for testing as follows:
  - a. For Centers with less than 25 claims, WA will test 5 claims;
  - b. For Centers with between 25 and 50 claims, WA will test 10 claims;
  - c. For Centers with between 50 and 150 claims, WA will test 20 claims; and,
  - d. For Centers with greater than 150 claims, WA will test 40 claims.

## ATTACHMENT A-1

### ADDITIONAL PROCEDURES PERFORMED

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WA discussed the findings summarized in Attachment B and presented in detail within Attachment B-1 from the execution of our agreed-upon procedures (AUP) as described in Attachment A with the Executive Director for the GTCNC. Various criteria were used by the GTCNC staff to determine the appropriate additional procedures to be performed as outlined below. Examples of the criteria used were: the number of exceptions noted, the pervasiveness of the exceptions noted, and the type of exceptions noted from the execution of our AUP as described in Attachment A. As a result of the GTCNC staff's review of the findings summarized in Attachment B and presented in detail in Attachment B-1, WA was engaged to perform the following additional procedures:

1. Provide each Center with the findings from our AUP as described in Attachment A. See the information that was provided to each Center in Attachment B-1.

2. Request revised lists of uncompensated care claims from the following Centers:

- AMC

These revised lists should be duplicates of the original list provided to WA minus any claims that were identified in our agreed-upon procedures (AUP) to be in error (re: Attachment B Findings A through G in our report) along with any other claims that each Center identified as erroneous.

3. Compare the revised lists received above against the original lists received to ensure that errors WA noted in the AUP were eliminated (along with any other claims that each Center identified as erroneous) and that there are no new claims added to the list.
4. Evaluate the revised lists to determine if additional testing procedures should be applied. No additional procedures were applied.
5. Revise WA AUP report to report the updated uncompensated care claims for each Center. Results are presented in Attachment B-2.
6. Inform each Center of the final uncompensated care claims totals after all testing procedures. Results are presented in Attachment B-2.
7. Present our final report to the Executive Director of the GTCNC.

WA performed only the procedures outlined in Attachments A and A-1 and did not perform any additional procedures. We did not perform any procedures to evaluate if there were trauma patient claims that should have been reported by each Center as uncompensated care claims and were not.

## **ATTACHMENT A**

### **VALIDATION OF UNCOMPENSATED CARE CLAIM DATA: PROCEDURES**

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- B. Claims deemed NOT qualified under the GTCNC uncompensated care definition:
- a. Cases where the patient expired and the Center did not attempt to collect.
  - b. Cases where patients received settlements directly but did not pay the Center after repeated collection attempts.
  - c. Cases where there was a reciprocal agreement with another party for exchange of services and the Center did not attempt further collection procedures.
  - d. Cases where claims are sold to a collections agency.

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## ATTACHMENT A-1

### ADDITIONAL PROCEDURES PERFORMED

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WA discussed the findings summarized in Attachment B and presented in detail within Attachment B-1 from the execution of our agreed-upon procedures (AUP) as described in Attachment A with the Executive Director for the GTCNC. Various criteria were used by the GTCNC staff to determine the appropriate additional procedures to be performed as outlined below. Examples of the criteria used were: the number of exceptions noted, the pervasiveness of the exceptions noted, and the type of exceptions noted from the execution of our AUP as described in Attachment A. As a result of the GTCNC staff's review of the findings summarized in Attachment B and presented in detail in Attachment B-1, WA was engaged to perform the following additional procedures:

1. Provide each Center with the findings from our AUP as described in Attachment A. See the information that was provided to each Center in Attachment B-1.

2. Request revised lists of uncompensated care claims from the following Centers:

- AMC

These revised lists should be duplicates of the original list provided to WA minus any claims that were identified in our agreed-upon procedures (AUP) to be in error (re: Attachment B Findings A through G in our report) along with any other claims that each Center identified as erroneous.

3. Compare the revised lists received above against the original lists received to ensure that errors WA noted in the AUP were eliminated (along with any other claims that each Center identified as erroneous) and that there are no new claims added to the list.
4. Evaluate the revised lists to determine if additional testing procedures should be applied. No additional procedures were applied.
5. Revise WA AUP report to report the updated uncompensated care claims for each Center. Results are presented in Attachment B-2.
6. Inform each Center of the final uncompensated care claims totals after all testing procedures. Results are presented in Attachment B-2.
7. Present our final report to the Executive Director of the GTCNC.

WA performed only the procedures outlined in Attachments A and A-1 and did not perform any additional procedures. We did not perform any procedures to evaluate if there were trauma patient claims that should have been reported by each Center as uncompensated care claims and were not.

## ATTACHMENT B

### VALIDATION OF UNCOMPENSATED CARE CLAIM DATA

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#### **Findings Summary:**

We have accumulated our findings from our AUP that are outlined in Attachment A. They are outlined below along with our recommendations which have been considered and acted upon as deemed appropriate (See Attachment A-1). Additional information for each finding can be found in the detailed reports by location (See Attachment B-1).

1. Finding: We noted claims at the following Centers where we concluded that the documentation did not meet the criteria for an uncompensated care claim due to:

A. Patient had insurance including Medicare Part B coverage.

- Augusta
- Gwinnett
- Columbus

Recommendation: We recommend the GTCNC consider requesting that these Centers revise their CY2019 uncompensated care claim list to exclude all claims where patients had insurance including Medicare Part B coverage.

B. Patient was eligible for medical assistance coverage.

- Navicent

Recommendation: We recommend the GTCNC consider requesting that these Centers revise their CY2019 uncompensated care claim list to exclude all claims where patients were eligible for medical assistance coverage.

C. Patient had medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.

- Memorial

Recommendation: We recommend the GTCNC consider requesting that these Centers revise their CY2019 uncompensated care claim list to exclude all claims where patients had medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.

D. Payment by patient greater than 10%.

- None

Recommendation: None

## ATTACHMENT B

### VALIDATION OF UNCOMPENSATED CARE CLAIM DATA

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#### **Findings Summary:**

We have accumulated our findings from our AUP that are outlined in Attachment A. They are outlined below along with our recommendations which have been considered and acted upon as deemed appropriate (See Attachment A-1). Additional information for each finding can be found in the detailed reports by location (See Attachment B-1).

1. Finding: We noted claims at the following Centers where we concluded that the documentation did not meet the criteria for an uncompensated care claim due to:

A. Patient had insurance including Medicare Part B coverage.

- Augusta
- Gwinnett
- Columbus

Recommendation: We recommend the GTCNC consider requesting that these Centers revise their CY2019 uncompensated care claim list to exclude all claims where patients had insurance including Medicare Part B coverage.

B. Patient was eligible for medical assistance coverage.

- Navicent

Recommendation: We recommend the GTCNC consider requesting that these Centers revise their CY2019 uncompensated care claim list to exclude all claims where patients were eligible for medical assistance coverage.

C. Patient had medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.

- Memorial

Recommendation: We recommend the GTCNC consider requesting that these Centers revise their CY2019 uncompensated care claim list to exclude all claims where patients had medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.

D. Payment by patient greater than 10%.

- None

Recommendation: None

## ATTACHMENT B

### VALIDATION OF UNCOMPENSATED CARE CLAIM DATA

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E. Receipt of a third party payment.

- Navicent
- Augusta

Recommendation: We recommend the GTCNC consider requesting these Centers revise their CY2019 uncompensated care claim list to exclude all claims where third party payments were received.

F. No collection attempts were made by the Trauma Center.

- AMC
- Memorial
- Gwinnett
- Columbus
- Scottish Rite

Recommendation: We recommend the GTCNC consider requesting these Centers revise their CY2019 uncompensated care claim list to exclude all claims where there were no collection attempts.

G. The SSC provided in the detail list of uncompensated care claims did not match the SSC for that patient in the NTRACS or burn registry or was not included in the NTDB.

- JMS

Recommendation: We recommend the GTCNC consider requesting these Centers revise their CY2019 uncompensated care claim list to reflect the SSC listed in NTRACS or burn registry.

H. The claim was not included in the NTDB.

- Memorial

Recommendation: We recommend the GTCNC consider requesting these Centers revise their CY2019 uncompensated care claim list to reflect only claims included in the NTDB.

ATTACHMENT B-1

DETAIL FINDINGS BY LOCATION

Trauma Center: Wellstar Atlanta Medical Center (AMC)

**Purpose:** To test that uncompensated care claims are properly recognized according to the criteria identified below.

**Procedures:** For Centers with greater than 150 claims we will test 40 claims.

AMC reported 375 claims; therefore, we selected a sample of 40 for testing.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- b** The EBR shows the patient was not eligible for medical assistance coverage.
- c** The EBR shows that the patient had no medical coverage for trauma care through workers’ compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- e** The EBR shows that there were no third party payments received.
- f** The Center has documented attempts at collection via documentation available at the Center.

Additionally, for each claim selected we determined the following:

- g** We verified that the SSC reported is the same as that listed in the Center’s NTRACS or burn registry.
- h** We verified that the claim reported was included in the NTDB.

	Medical Record No	Trauma Number	Admit Date	ISS	a	b	c	d	e	f	g	h	Comments
1	565865170	201901275	6/26/2019 13:52	9	P	P	P	P	P	X	P	P	no collection efforts
2	566040264	201902785	12/17/2019 19:21	14	P	P	P	P	P	X	P	P	no collection efforts
3	565752883	201900562	4/3/2019 7:27	17	P	P	P	P	P	X	P	P	no collection efforts

Tickmark Explanations:

- P** Step performed without exception.
- X** Issue noted, see explanation to the right of claim.



ATTACHMENT B-1

DETAIL FINDINGS BY LOCATION

Trauma Center: Medical Center – Navicent Health (Navicent)

**Purpose:** To test that uncompensated care claims are properly recognized according to the criteria identified below.

**Procedures:** For Centers with greater than 150 claims we will test 40 claims.

Navicent reported 177 cases; therefore, we selected a sample of 40 for testing.

For each claim selected, we viewed the electronic billing record (EBR) or documents comparable to the EBR.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- b** The EBR shows the patient was not eligible for medical assistance coverage.
- c** The EBR shows that the patient had no medical coverage for trauma care through workers’ compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- e** The EBR shows that there were no third party payments received.
- f** The Center has documented attempts at collection via documentation available at the Center.

Additionally, for each claim selected we determined the following:

- g** We verified that the SSC reported is the same as that listed in the Center’s NTRACS or burn registry.
- h** We verified that the claim reported was included in the NTDB.

Trauma													Comments
Number		MRN	Admit Date	ISS	a	b	c	d	e	f	g	h	
1	20149162	7452819	9/19/2019	8	P	X	P	P	X	P	P	P	Received retro Medicaid payment on 12/8/2020.
2	20149089	7427561	9/9/2019	14	P	X	P	P	P	P	P	P	Claim is pending Medicaid.

Tickmark Explanations:

- P** Step performed without exception.
- X** Issue noted, see explanation to the right of claim.

ATTACHMENT B-1

DETAIL FINDINGS BY LOCATION

Trauma Center: Augusta University Medical Center (Augusta)

**Purpose:** To test that uncompensated care claims are properly recognized according to the criteria identified below.

**Procedures:** For trauma centers with greater than 150 cases we will test 40.

Augusta reported 400 cases; therefore, we selected a sample of 40 for testing.

For each claim selected, we viewed the electronic billing record (EBR) or documents comparable to the EBR.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- b** The EBR shows the patient was not eligible for medical assistance coverage.
- c** The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- e** The EBR shows that there were no third party payments received.
- f** The Center has documented attempts at collection via documentation available at the Center.

Additionally, for each claim selected we determined the following:

- g** We verified that the SSC reported is the same as that listed in the Center's NTRACS or burn registry.
- h** We verified that the claim reported was included in the NTDB.

Encounter Number	Trauma Number	Admit Date	ISS	a	b	c	d	e	f	g	h	Comments
1 0090387999124	20190767	5/4/2019	14	X	P	P	P	X	P	P	P	Insurance payment received on 1/22/2020.

Tickmark Explanations:

- P** Step performed without exception.
- X** Issue noted, see explanation to the right of claim.

ATTACHMENT B-1

DETAIL FINDINGS BY LOCATION

Trauma Center: Memorial Health University Medical Center (Memorial)

**Purpose:** To test that uncompensated care claims are properly recognized according to the criteria identified below.

**Procedures:** For Centers with greater than 150 claims, we will test 40.

Memorial reported 915 cases; therefore, we selected a sample of 40 for testing.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- b** The EBR shows the patient was not eligible for medical assistance coverage.
- c** The EBR shows that the patient had no medical coverage for trauma care through workers’ compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- e** The EBR shows that there were no third party payments received.
- f** The Center has documented attempts at collection via documentation available at the Center.

Additionally, for each claim selected we determined the following:

- g** We verified that the SSC reported is the same as that listed in the Center’s NTRACS or burn registry.
- h** We verified that the claim reported was included in the NTDB.

	Patient	Trauma	Admit Date	ISS	a	b	c	d	e	f	g	h	Comments
1	80403211	20192242	7/21/2019	1	P	P	P	P	P	P	P	X	Not included in NTDB
2	900806996	20193631	11/18/2019	4	P	P	X	P	P	X	P	P	No collection efforts, pending VOC.
3	80470099	20193292	10/18/2019	5	P	P	P	P	P	X	P	P	No collection efforts.

Tickmark Explanations:

- P** Step performed without exception.
- X** Issue noted, see explanation to the right of claim.

ATTACHMENT B-1

DETAIL FINDINGS BY LOCATION

Trauma Center: Northside Gwinnett Medical Center (Gwinnett)

**Purpose:** To test that uncompensated care claims are properly recognized according to the criteria identified below.

**Procedures:** For Centers with greater than 150 claims we will test 40.

Gwinnett reported 295 claims; therefore, we selected a sample of 40 for testing.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- b** The EBR shows the patient was not eligible for medical assistance coverage.
- c** The EBR shows that the patient had no medical coverage for trauma care through workers’ compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- e** The EBR shows that there were no third party payments received.
- f** The Center has documented attempts at collection via documentation available at the Center.

Additionally, for each claim selected we determined the following:

- g** We verified that the SSC reported is the same as that listed in the Center’s NTRACS or burn registry.
- h** We verified that the claim reported was included in the NTDB.

	Medical Record No	Trauma Number	Admit Date	ISS	a	b	c	d	e	f	g	h	Comments
1	L53013170	20191875	12/6/2019	5	X	P	P	P	P	P	P	P	The patient had BCBS health insurance
2	G20157908	20191287	8/24/2019	22	X	P	P	P	P	X	P	P	No charges listed on the account, no collection efforts and insurance noted.

Tickmark Explanations:

- P** Step performed without exception.
- X** Issue noted, see explanation to the right of claim.

ATTACHMENT B-1

DETAIL FINDINGS BY LOCATION

Trauma Center: Children's Healthcare of Atlanta at Scottish Rite (Scottish Rite)

**Purpose:** To test that uncompensated care claims are properly recognized according to the criteria identified below.

**Procedures:** For trauma Centers with between 50 and 150 claims we will test 20 claims.

Scottish Rite reported 89 claims; therefore, we selected a sample of 20 for testing.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- b** The EBR shows the patient was not eligible for medical assistance coverage.
- c** The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- e** The EBR shows that there were no third party payments received.
- f** The Center has documented attempts at collection via documentation available at the Center.

Additionally, for each claim selected we determined the following:

- g** We verified that the SSC reported is the same as that listed in the Center's NTRACS or burn registry.
- h** We verified that the claim reported was included in the NTDB.

Medical		Trauma	Admit Date	ISS									Comments	
Record No	Number				a	b	c	d	e	f	g	h		
1	3844970	20190846	7/4/2019	50	P	P	P	P	P	X	P	P	No collection efforts, account written off to deceased account.	

Tickmark Explanations:

- P** Step performed without exception.
- X** Issue noted, see explanation to the right of claim.

ATTACHMENT B-1

DETAIL FINDINGS BY LOCATION

Trauma Center: Piedmont Columbus Regional (Columbus)

**Purpose:** To test that uncompensated care claims are properly recognized according to the criteria identified below.

**Procedures:** For Centers with more than 150 claims, we will test 40.

Midtown reported 596 claims; therefore, we selected a sample of 40.

For each claim selected, we viewed the electronic billing record (EBR) or documents comparable to the EBR.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- b** The EBR shows the patient was not eligible for medical assistance coverage.
- c** The EBR shows that the patient had no medical coverage for trauma care through workers’ compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- e** The EBR shows that there were no third party payments received.
- f** The Center has documented attempts at collection via documentation available at the Center.

Additionally, for each claim selected we determined the following:

- g** We verified that the SSC reported is the same as that listed in the Center’s NTRACS or burn registry.
- h** We verified that the claim reported was included in the NTDB.

	Medical Record No	Trauma Number	Admit Date	ISS	a	b	c	d	e	f	g	h	Comments
1	907240909	20136695	9/4/2019 16:14	6	X	P	P	P	P	P	P	P	Patient has health insurance and auto insurance. Currently in litigation with an attorney.
2	906481934	20136706	9/7/2019 4:41	8	P	P	P	P	P	X	P	P	No collection efforts.

**Tickmark Explanations:**

- P** Step performed without exception.
- X** Issue noted, see explanation to the right of claim.

ATTACHMENT B-1

DETAIL FINDINGS BY LOCATION

Burn Center: Joseph M. Still Burn Center (JMS)

- Purpose:** To test that uncompensated care claims are properly recognized according to the criteria identified below.
- Procedures:** For trauma Centers with between 25 and 50 claims we will test 10 claims.
- JMS reported 40 claims; therefore, we selected a sample of 10 for testing.
- We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:
- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
  - b** The EBR shows the patient was not eligible for medical assistance coverage.
  - c** The EBR shows that the patient had no medical coverage for trauma care through workers’ compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
  - d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
  - e** The EBR shows that there were no third party payments received.
  - f** The Center has documented attempts at collection via documentation available at the Center.
- Additionally, for each claim selected we determined the following:
- g** We verified that the SSC reported is the same as that listed in the Center’s NTRACS or burn registry.

	Medical Record No	Trauma Number	Admit Date	ISS	a	b	c	d	e	f	g	Comments
1	G000586793	20190229	2/14/2019	Moderate - Inha	P	P	P	P	P	P	X	Should be Major, Electrical Burn.

**Tickmark Explanations:**

- P** Step performed without exception.
- X** Issue noted, see explanation to the right of claim.

## ATTACHMENT B-2

### SUMMARY FINDINGS BY LOCATION

		Severity Score Category							Severity Score Category				
		Basic	Moderate	Major	Severe	Total			Basic	Moderate	Major	Severe	Total
<u>Locations Tested Without Resubmission</u>													
Grady	Per Original Survey	681	501	182	196	1,560	Columbus	Per Original Survey	374	135	56	31	596
	Per AUP	681	501	182	196	1,560		Per AUP	372	135	56	31	594
	Difference 1	-	-	-	-	-		Difference 1	(2)	-	-	-	(2)
	Total claims per AUP	681	501	182	196	1,560		Total claims per AUP	372	135	56	31	594
Navicent	Per Original Survey	107	43	17	10	177	North Fulton	Per Original Survey	35	36	12	11	94
	Per AUP	106	42	17	10	175		Per AUP	35	36	12	11	94
	Difference 1	(1)	(1)	-	-	(2)		Difference 1	-	-	-	-	-
	Total claims per AUP	106	42	17	10	175		Total claims per AUP	35	36	12	11	94
Augusta	Per Original Survey	225	112	46	17	400	Egleston	Per Original Survey	65	11	1	1	78
	Per AUP	225	111	46	17	399		Per AUP	65	11	1	1	78
	Difference 1	-	(1)	-	-	(1)		Difference 1	-	-	-	-	-
	Total claims per AUP	225	111	46	17	399		Total claims per AUP	65	11	1	1	78
JMS	Per Original Survey	-	40	-	-	40	Scottish Rite	Per Original Survey	76	11	1	1	89
	Per AUP	-	39	1	-	40		Per AUP	76	11	1	-	88
	Difference 1	-	(1)	1	-	-		Difference 1	-	-	-	(1)	(1)
	Total claims per AUP	-	39	1	-	40		Total claims per AUP	76	11	1	-	88

*Difference 1: ineligible claims determined by WA*



## ATTACHMENT B-2

### SUMMARY FINDINGS BY LOCATION

		Severity Score Category							Severity Score Category				
		Basic	Moderate	Major	Severe	Total			Basic	Moderate	Major	Severe	Total
<b><u>Locations Tested Without Resubmission</u></b>													
<b>Kennestone</b>	Per Original Survey	107	80	25	23	235	<b>Memorial</b>	Per Original Survey	489	280	99	47	915
	Per AUP	107	80	25	23	235		Per AUP	486	280	99	47	912
	Difference 1	-	-	-	-	-		Difference 1	(3)	-	-	-	(3)
	Total claims per AUP	107	80	25	23	235		Total claims per AUP	486	280	99	47	912
<b>Northeast</b>	Per Original Survey	115	99	37	27	278	<b>GBC</b>	Per Original Survey	-	16	4	5	25
	Per AUP	115	99	37	27	278		Per AUP	-	16	4	5	25
	Difference 1	-	-	-	-	-		Difference 1	-	-	-	-	-
	Total claims per AUP	115	99	37	27	278		Total claims per AUP	-	16	4	5	25
<b>Gwinnett</b>	Per Original Survey	130	102	33	30	295	<b>Floyd</b>	Per Original Survey	74	49	13	11	147
	Per AUP	129	102	32	30	293		Per AUP	74	49	13	11	147
	Difference 1	(1)	-	(1)	-	(2)		Difference 1	-	-	-	-	-
	Total claims per AUP	129	102	32	30	293		Total claims per AUP	74	49	13	11	147
<b>Athens</b>	Per Original Survey	59	48	19	17	143	<b>Total</b>	Per Original Survey	2,537	1,563	545	427	5,072
	Per AUP	59	48	19	17	143		Per AUP	2,530	1,560	545	426	5,061
	Difference 1	-	-	-	-	-		Difference 1	(7)	(3)	-	(1)	(11)
	Total claims per AUP	59	48	19	17	143		Total claims per AUP	2,530	1,560	545	426	5,061

Difference 1: ineligible claims determined by WA

## ATTACHMENT B-2

### SUMMARY FINDINGS BY LOCATION

		Severity Score Category							Severity Score Category				
		Basic	Moderate	Major	Severe	Total			Basic	Moderate	Major	Severe	Total
<u>Locations Tested With Claims Resubmitted</u>							<u>Summary</u>						
AMC	Per Original Survey	183	138	30	24	375	Total Claims Per Original Survey		2,720	1,701	575	451	5,447
	Per AUP	183	136	29	24	372	Totals Per AUP		2,713	1,696	574	450	5,433
	Difference 1	-	(2)	(1)	-	(3)	Difference 1		(7)	(5)	(1)	(1)	(14)
	Per Revised List	177	128	24	24	353	Per Revised List		177	128	24	24	353
	Difference 2	(6)	(10)	(6)	-	(22)	Per AUP Without Resubmission		2,530	1,560	545	426	5,061
		Severity Score Category					Total After Revised List and AUP		2,707	1,688	569	450	5,414
		Basic	Moderate	Major	Severe	Total	Difference 2		(13)	(13)	(6)	(1)	(33)
Total	Per Original Survey	183	138	30	24	375	Total Claims		2,707	1,688	569	450	5,414
	Per AUP	183	136	29	24	372							
	Difference 1	-	(2)	(1)	-	(3)							
	Per Revised List	177	128	24	24	353							
	Difference 2	(6)	(10)	(6)	-	(22)							

*Difference 1: ineligible claims determined by WA*

*Difference 2: ineligible claims determined by WA plus*

*ineligible claims determined by center during resubmission process*

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**CONCLUSION:**

We appreciate the opportunity to be of service to you. This report summarizes the results of our engagement. If you have any questions, please let us know.

Very truly yours,

WARREN AVERETT, LLC

DRAFT



### Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup: 5/2021	Budget Subcommittee		
Project/Activity <sup>1</sup>	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. FY 22 budget	C/P	Y	FY 22 budget approved by Governor will need approval of proposed budget from subcommittee to full commission
2. Re-allocation proposal	P	Y	Reallocation plan approved by subcommittee – have moved forward with some items on plan due to time sensitive dates – will provide update at full commission meeting
3. Establish contract/grant deliverables workgroup	P	Y	Workgroup met and reviewed most of the current grants/contracts. The group would like to take the next few months to do a deep dive into each one ensuring alignment and appropriate allocations are made. Minimal changes for the upcoming FY were recommended but anticipate changes for the FY 23 contracts and grants cycle.
4. Develop commission guidelines for expense/reimbursements based on SAO guidelines per OIG recommendation	P	Y	Work has begun on draft finance policies and procedures in consultation with Warren Averett consultant

<sup>1</sup> Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.

<b>Questions, Issues, and Recommendations Requiring Commission Discussion:</b>	Review reallocation budget area spend plan to ensure transparency
<b>Motions for Consideration at the Commission Meeting:</b>	Motion to approve FY 22 spend plan
<b>Committee Members:</b>	Dennis Ashley, Courtney Terwilliger, James Dunn, Katie Hamilton & Elizabeth Atkins
<b>Chair/Commission Liaison:</b>	Regina Medeiros
<b>Date of Next Committee Meeting:</b>	

Paid with FY 2020 Repurposed	
Dr. Tim Boone	\$ 42,000.00
<b>Total Funds Paid with FY 2020 Repurposed</b>	<b>\$ 42,000.00</b>
FY 2021 Funds to be Repurposed	
Operations	\$ 146,923.33
System Development	\$ 94,044.99
Trauma Centers	\$ 287,930.00
<b>Total</b>	<b>\$ 528,898.32</b>

FY 2021 Proposed Reallocation Plan	
<b>Total</b>	<b>\$ 528,898.32</b>
Bingocise	\$ 44,800.00
AVLS Upgrades	\$ 200,000.00
ESO	\$ 120,045.00
Licensing and Software	\$ 27,800.00
Training and Implementation	\$ 92,245.00
STB training equipment & supplies	\$ 60,000.00
Warren Averett Readiness Cost Survey	TBD
<b>Subtotal</b>	<b>\$ 424,845.00</b>
<b>Balance Remaining to Reallocate</b>	<b>\$ 104,053.32</b>

## Georgia Trauma Care Network Commission FY 2022 Spend Plan

<b>Budget Areas</b>	<b>\$ 14,406,895.00</b>
Commission Operations	\$ 1,075,370
System Development, Access & Accountability	\$ 751,896
Georgia Trauma Foundation	\$ 142,000
DPH Office of EMS & Trauma (Maximum 3%)	\$ 432,183
<b>Subtotal of Budget Areas</b>	<b>\$ 2,401,449</b>
<b>Available for Stakeholders Distribution</b>	<b>\$ 12,005,446</b>
EMS Stakeholders	\$ 2,401,089
Trauma Centers & Physicians Stakeholders	\$ 9,604,357
<b>Subtotal of Stakeholder Distribution</b>	<b>\$ 12,005,446</b>
<b>Totals</b>	<b>\$ 14,406,895</b>

ACCOUNT	Approved FY 2021 Budget	Projected FY 2021	FY 2022 Based Proposed
<b>GTC OPERATIONS</b>			
Staff Salaries	\$ 487,080.00	\$ 487,080.00	\$ 487,080.00
Merit System Assessment Adjustment	\$ 779.00	\$ 779.00	
Benefits	\$ 301,424.59	\$ 301,424.59	\$ 301,424.59
DOAS Administrative Fee	\$ 16,229.00	\$ 16,229.00	\$ 16,229.00
Staff Education and Travel	\$ 35,000.00	\$ 3,846.00	\$ 35,000.00
Commission Member Per Diem	\$ 7,000.00	\$ 2,525.00	\$ 7,000.00
Rent	\$ 35,950.00	\$ 34,107.00	\$ 25,800.00
Printing	\$ 3,000.00	\$ 2,279.00	\$ 3,000.00
Office Supplies	\$ 5,000.00	\$ 4,981.00	\$ 5,000.00
Postage	\$ 500.00	\$ 46.00	\$ 500.00
Meeting Expense	\$ 15,000.00	\$ 5,000.00	\$ 30,000.00
Warren Averett Financing Optimization	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00
TCAA			
<b>Telephone</b>	<b>\$ 15,950.00</b>		<b>\$ 14,216.00</b>
Virtual Meeting Platform	\$ 3,000.00	\$ 3,000.00	\$ 4,010.00
Office Telephone and Internet	\$ 6,400.00	\$ 4,528.00	\$ 4,656.00
Staff Cell and Mifi	\$ 6,550.00	\$ 6,367.00	\$ 5,550.00
<b>SOFTWARE/IT</b>	<b>\$ 14,370.00</b>		<b>\$ 20,120.00</b>
Website Hosting	\$ 1,300.00	\$ 1,300.00	
Website Maintenance	\$ 2,700.00	\$ 2,700.00	\$ 4,700.00
The Box Cloud Storage	\$ 750.00	\$ 1,783.00	\$ 4,100.00
Adobe	\$ 120.00	\$ 1,119.12	\$ 1,120.00
Office 365	\$ 2,940.00	\$ 3,000.00	\$ 4,000.00
Name Cheap	\$ 50.00	\$ 43.48	\$ 50.00
Quickbooks	\$ 1,800.00	\$ 1,950.00	\$ 1,950.00
Mulkey Outside of Contract	\$ 2,000.00		
Georgia GovHub/GTA	\$ 4,010.00		\$ 4,200.00
Contingency	\$ 115,000.00	\$ 16,568.00	\$ 115,000.00
<b>Total GTC Operations</b>	<b>\$ 1,068,582.59</b>		<b>\$ 1,075,369.59</b>
<b>SYSTEM DEVELOPMENT</b>			
<b>RTAC Funds</b>	<b>\$ 374,012.00</b>		<b>\$ 374,012.00</b>
Start Up Grants			
Region 1	\$ 40,364.00		\$ 40,364.00
Region 2	\$ 40,364.00		\$ 40,364.00
Region 3	\$ 40,364.00		\$ 40,364.00
Region 4	\$ 40,364.00		\$ 40,364.00
Region 5	\$ 40,364.00		\$ 40,364.00
Region 6	\$ 40,364.00		\$ 40,364.00
Region 7	\$ 40,364.00		\$ 40,364.00
Region 8			
Region 9	\$ 50,900.00		\$ 50,900.00
Region 10	\$ 40,564.00		\$ 40,564.00
State Trauma Medical Director	\$ 32,883.82		\$ 32,883.82
ACS TQIP State Participation	\$ 15,000.00		\$ 15,000.00
MAG (Year 4 of 5)	\$ 172,000.00		\$ 170,000.00
GQIP (Year 5 of 6)	\$ 101,256.16		\$ 100,000.00
Injury Prevention			
Legal-Peer Review P&P Development			\$ 60,000.00
<b>Total System Development</b>	<b>\$ 695,151.98</b>		<b>\$ 751,895.82</b>
<b>GEORGIA TRAUMA FOUNDATION (Year 6 of 7)</b>	<b>\$ 141,500.00</b>		<b>\$ 142,000.00</b>
<b>ACS System Consult (FY2022)</b>			<b>\$ -</b>
<b>OEMS&amp;T</b>	<b>\$ 432,183.49</b>		<b>\$ 432,183.49</b>
<b>EMS STAKEHOLDERS</b>			
AVLS Maintenance	\$ 141,521.50		
Program Management-Tim Boone			
AVLS Airtime Support	\$ 560,732.00		
AVLS Equipment	\$ 50,000.00		
Contracts/Grants	\$ 1,460,171.45		
<b>Total EMS Stakeholders</b>	<b>\$ 2,212,424.95</b>		<b>\$ 2,401,089.22</b>
<b>TRAUMA CENTERS</b>			
Nurses Education			
Warren Averett UCC Audits	\$ 50,000.00		\$ -
Pracht Study	\$ 22,000.00		
Trauma Center Funds	\$ 9,785,052.00		
<b>Total Trauma Centers</b>	<b>\$ 9,857,052.00</b>		<b>\$ 9,604,356.89</b>
<b>Total Budget by Fiscal Year</b>	<b>\$ 14,406,895.01</b>		<b>\$ 14,406,895.01</b>

<b>FY 2022 Approved Base Budget</b>	<b>\$ 14,406,895.01</b>
<b>Operating Expenses</b>	<b>\$ 2,401,448.90</b>
<b>Remaining Funds</b>	<b>\$ 12,005,446.11</b>
<b>EMS 20%</b>	<b>\$ 2,401,089.22</b>
<b>Trauma Centers 80%</b>	<b>\$ 9,604,356.89</b>
<b>TOTAL BUDGETED</b>	<b>\$ 14,406,895.01</b>



## FY 2022 PBP CRITERIA

Domain	Criteria for All Centers	Level I & II Centers	Level III Centers	Level IV Centers
<b>System Participation</b>	1. 75% TMD Call Participation in Quarterly TMD/GA COT/GQIP Conference Calls 2. 75% TPM participation in Georgia Committee for Trauma Excellence (GCTE) meetings. 3. 2021 Summer "Day of Trauma" (St. Simons) GQIP mtg attendance by <b>BOTH</b> TMD (or designee)/Physician Leader (or designee for Level IV <b>AND</b> TPM (and/or Designee) 4. Spring 2022 (Chateau Elan or <b>alt location</b> ) meeting attendance by <b>BOTH</b> TMD (or designee)/Physician Leader (or designee for Level IV) <b>AND</b> Trauma Program Manager (or designee) 5. 75% Participation by appointed Senior Executive in quarterly Trauma Administrators Group meetings	8. Participation by trauma program staff member in ONE GCTE official subcommittee 9. Trauma Medical Director must be member of the Georgia Chapter Committee on Trauma (COT)	8. Participation in Rural/Level III/Level IV workgroup 9. Trauma Medical Director must be member of the Georgia Chapter Committee on Trauma (COT) 11. Participation in Level III/Level IV Readiness Costs Survey	8. Participation in Level III/Level IV workgroup 10. Participation in Level III/Level IV Readiness Costs Survey
<b>ACS Optimal Resources Document Criteria</b>	5. Peer Review Committee attendance at 50% for all Peer Review Committee required members (CD 2-18, 6-8, 7-11, 8-13, 9-16, 10-37, 10-38, 11-13, 11-39, 11-62, 16-15)* 6. Timely quarterly NTDS data submissions	11. Surgeon response time * (CD 2-8, 2-9) 12. In Level I and II trauma centers, the TPM must be full-time and dedicated to the trauma program (CD 5-23) 13. One full-time equivalent employee for NTDS data set for each 500–750 admitted patients annually (CD 15–9) 14. Achieve & maintain ACS Verification by 6.30.2023	10. Surgeon response time * (CD 2-8, 2-9) 11. TQIP Participation 12. One full-time equivalent employee for NTDS data set for each 500–750 admitted patients annually (CD 15–9) 13. Achieve & Maintain ACS Verification by 6.30.2024	
<b>Other</b>			14. Schedule American College of Surgeons Consultative Visit by June 30, 2022 (*Visit does not have occur during the FY, scheduled prior to end of FY*)	9. Center host and participate in one Rural Trauma Team Development Course by June 30, 2022
<b>GQIP</b>		15. Participation in external data validation visit 16. Timely email submission of facility-specific TQIP performance matrix and drill-down exercises for spring and summer meetings 17. National TQIP meeting attendance by TPM (or designee), TMD (or designee) with strong consideration to TPIC & Registrar attendance/involvement		
<b>% of Total Readiness Dollars</b>		<b>80%</b>	<b>60%</b>	<b>19%</b>

\* Compliance timeframe defined as calendar year 2021

FY 2022 LEVEL I & II PBP CRITERIA				
Domain	Criteria for All Centers	% Risk	Level I & II Center Specific Criteria	% Risk
System Participation	1. 75% TMD Call Participation in Quarterly TMD/GA COT/GQIP Conference Calls	5	8. Participation by trauma program staff member in ONE GCTE official subcommittee	5
	2. 75% TPM participation in Georgia Committee for Trauma Excellence (GCTE) meetings.	5	9. Trauma Medical Director must be member of the Georgia Chapter Committee on Trauma (COT)	5
	3. 2021 Summer "Day of Trauma" (St. Simons) GQIP mtg attendance by <u>BOTH</u> TMD (or designee)/Physician Leader (or designee for Level IV <u>AND</u> TPM (and/or Designee)	5		
	4. Spring 2022 (Chateau Elan or <u>alt location</u> ) meeting attendance by <u>BOTH</u> TMD (or designee)/Physician Leader (or designee for Level IV) <u>AND</u> Trauma Program Manager (or designee)	5		
	5. 75% Participation by appointed Senior Executive in quarterly Trauma Administrators Group meetings	5		
ACS Optimal Resources Document Criteria	5. Peer Review Committee attendance 50% *	5	11. Surgeon response time *	5
	6. Timely quarterly NTDS data submissions*	10	12. In Level I and II trauma centers, the TPM must be full-time and dedicated to the trauma program (CD 5-23)	5
			13. One full-time equivalent employee for NTDS data set for each 500–750 admitted patients annually (CD 15–9)	10
			14. Achieve & maintain ACS Verification by 6.30.2023	0
GQIP			15. Participation in external data validation visit	0
			16. Timely email submission of facility-specific TQIP performance matrix and drill-down exercises for spring and summer meetings	5
			17. National TQIP meeting attendance by TPM (or designee), TMD (or designee) with strong consideration to TPIC & Registrar attendance/involvement	5
				5
Total at Risk % Criteria for All Centers		40	Total at Risk % Level I & II specific criteria	45
Total at Risk % Level I & Level II Trauma Centers				85
* Compliance timeframe defined as calendar year 2021				

FY 2022 LEVEL III PBP CRITERIA				
Domain	Criteria for All Centers	% Risk	Level III Center Specific Criteria	% Risk
System Participation	1. 75% TMD Call Participation in Quarterly TMD/GA COT/GQIP Conference Calls	5	8. Participation in Rural/Level III/Level IV workgroup	5
	2. 75% TPM participation in Georgia Committee for Trauma Excellence (GCTE) meetings.	5	9. Trauma Medical Director must be member of the Georgia Chapter Committee on Trauma (COT)	5
	3. 2021 Summer "Day of Trauma" (St. Simons) GQIP mtg attendance by BOTH TMD (or designee)/Physician Leader (or designee for Level IV AND TPM (and/or Designee)	5	11. Participation in Level III/Level IV Readiness Costs Survey	3
	4. Spring 2022 (Chateau Elan or alt location) meeting attendance by BOTH TMD (or designee)/Physician Leader (or designee for Level IV) AND Trauma Program Manager (or designee)	5		
	5. 75% Participation by appointed Senior Executive in quarterly Trauma Administrators Group meetings	5		
ACS Optimal Resources Document Criteria	5. Peer Review Committee attendance 50% *	5	12. Surgeon response time *	5
	6. Timely quarterly NTDS data submissions *	5	13. TQIP Participation	0
			14. One full-time equivalent employee for NTDS data set for each 500–750 admitted patients annually (CD 15–9)	5
			15. Achieve & Maintain ACS Verification by 6.30.2024	0
Other			16. Schedule American College of Surgeons Consultative Visit by June 30, 2022 (*Visit does not have occur during the FY, scheduled prior to end of FY*)	2
Total at Risk % Criteria for All Centers		35	Total at Risk % Level III specific criteria	25
Total at Risk % Level III Trauma Centers				60

FY 2022 LEVEL IV PBP CRITERIA				
Domain	Criteria for All Centers	% Risk	Level IV Center Specific Criteria	% Risk
System Participation	1. 75% TMD Call Participation in Quarterly TMD/GA COT/GQIP Conference Calls	0	8. Participation in Level III/Level IV workgroup	3
	2. 75% TPM participation in Georgia Committee for Trauma Excellence (GCTE) meetings.	2	10. Participation in Level III/Level IV Readiness Costs Survey	3
	3. 2021 Summer "Day of Trauma" (St. Simons) GQIP mtg attendance by <u>BOTH</u> TMD (or designee)/Physician Leader (or designee for Level IV <u>AND</u> TPM (and/or Designee)	2		
	4. Spring 2022 (Chateau Elan or <u>alt location</u> ) meeting attendance by <u>BOTH</u> TMD (or designee)/Physician Leader (or designee for Level IV) <u>AND</u> Trauma Program Manager (or designee)	2		
	5. 75% Participation by appointed Senior Executive in quarterly Trauma Administrators Group meetings	2		
ACS Optimal Resources	5. Peer Review Committee attendance 50% *	0		
	6. Timely Quarterly NTDS Data Submission *	5		
Other	7. Center host and participate in one Rural Trauma Team Development Course by June 30, 2022 (0%)	0		
Total at Risk % Criteria for All Centers		13	Total at Risk % Level IV specific criteria	6
Total at Risk % Level IV Trauma Centers				19

FY 2022 BURN CENTER PBP CRITERIA				
Domain	Criteria for All Centers	% Risk	Burn Center Specific Criteria	% Risk
System Participation	1. 75% TMD Call Participation in Quarterly TMD/GA COT/GQIP Conference Calls	5	10. Participation by burn program staff member in Burn Center Workgroup	5
	2. 75% TPM participation in Georgia Committee for Trauma Excellence (GCTE) meetings.	5	11. Burn Center Medical Director must be member of the Georgia Chapter Committee on Trauma (COT)	5
	3. 2021 Summer "Day of Trauma" (St. Simons) GQIP mtg attendance by <u>BOTH</u> TMD (or designee)/Physician Leader (or designee for Level IV <u>AND</u> TPM (and/or Designee)	5		
	4. Spring 2022 (Chateau Elan or <u>alt location</u> ) meeting attendance by <u>BOTH</u> TMD (or designee)/Physician Leader (or designee for Level IV) <u>AND</u> Trauma Program Manager (or designee)	5		
	5. 75% Participation by appointed Senior Executive in quarterly Trauma Administrators Group meetings	5		
ABA Criteria	5. Peer Review Committee attendance 50% *	5		
	6. Identify two quality metrics, with associated reports for reporting and sharing in the GQIP statewide quality collaborative (9.13)	5		
	7. The burn program regularly participates in regional education related to burn care (17.2)	0		
	8. Attendance at burn continuing education meetings by Burn Surgeon, Burn Nursing leader & Burn Therapy in regional, national or international (3.11, 6.7, 7.8)	5		
Other		0		
Total at Risk % Criteria for All Centers		40	Total at Risk % Level III specific criteria	10
Total at Risk % Burn Centers				50

\* Compliance timeframe defined as calendar year 2021



### Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:	Contracts and Grants Workgroup		
Project/Activity <sup>1</sup>	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. Review existing contracts and grants to ensure alignment with GTCNC strategic plan and initiatives	Complete	Y	The workgroup held its first meeting and has done a review of the current contracts and grants that the trauma commission has in place. It was determined that all existing contracts and grants will continue while the work group takes time to do a deeper dive and make the necessary recommendations.
2. Make recommendation to enhance contract/grant language to ensure clarity and that all deliverables are measurable	In Progress	Y	Over the next several months the work group will develop and submit a written summary of their recommendations for changes to the existing contracts and grants
3. Recommend appropriations in support of each contract/grant to the budget subcommittee	In Progress	Y	Along with the written summary of recommendations the work group will also submit recommended appropriations for each contract and grant.

<sup>1</sup> Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.

<b>Questions, Issues, and Recommendations Requiring Commission Discussion:</b>	None at this time
<b>Motions for Consideration at the Commission Meeting:</b>	None at this time
<b>Committee Members:</b>	Jay Smith, Michelle Wallace and Vic Drawdy
<b>Chair/Commission Liaison:</b>	Regina Medeiros
<b>Date of Next Committee Meeting:</b>	TBD – Targeting a date in July



### Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:	EMS Subcommittee		
Project/Activity <sup>1</sup>	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. Automatic Vehicle Location System	On-going	Yes	With the funding from the AYF2021 Budget and the potential funding from the reallocations of unspent funds we should be in a good place for the replacement of old and outdated equipment
2. Learning Management System	In Development	Yes	We have a meeting set up for May 24, 2021 to review the 14 responses from our Request for Information. We plan to use this information to develop a Request for Proposals to send to the 14 respondents. That will allow us to determine a cost for the project in order to make a decision on going forward, or not.
3. EMS Training	On-going	Yes	GEMSA has provided us with a spreadsheet of classes done and number of hours taught. The spreadsheet is available for review. The total number of hours taught at this point in the FY exceeds 95,000 hours. We are currently offering 11 different education courses
4. On-line EMS training	Under Consideration	Yes	We “think” we may be able to package this with the Learning Management System.
5. Arbinger Training	New Course	Yes	We worked extensively on developing this program last FY. We trained individuals in the course and as course facilitators. COVID put this program on-hold. The first of these courses has now been done in Habersham County on May 18 and 19.
6. Fiscal Accountability		Yes	We still are in a progress to finish the FY spend plan within the current Fiscal Year

<sup>1</sup> Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.



<b>Questions, Issues, and Recommendations Requiring Commission Discussion:</b>	None
<b>Motions for Consideration at the Commission Meeting:</b>	None
<b>Committee Members:</b>	Courtney Terwilliger, Vic Drawdy, Regina Medeiros, Marty Robinson, Chad Black, Pete Quinones, Sam Polk, Lee Oliver, Blake Thompson, Duane Montgomery, David Edwards, Huey Atkins
<b>Chair/Commission Liaison:</b>	Courtney Terwilliger
<b>Date of Next Committee Meeting:</b>	July 15, 2011



### Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:	Injury Prevention Subcommittee		
Project/Activity <sup>1</sup>	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. Cardiff Model	Update	Yes	Recommended that Dr. Wu present at August 2021 Commission meeting
2. FASTER	Update	Yes	Reported Database bugs to be fixed and data dissemination plan
3. BOLD	Update	Yes	RTAC VIII/ IX Stephanie Gendron has been added to Advisory Board
4. Bingocize	New Business	Yes	Ms. Smith requests funds for Pilot Program

<sup>1</sup> Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.

<b>Questions, Issues, and Recommendations Requiring Commission Discussion:</b>	Facilitation of Cardiff Modell implementation in Georgia
<b>Motions for Consideration at the Commission Meeting:</b>	Funding of Bingocize with FY 2021 reallocated Commission funds
<b>Committee Members:</b>	
<b>Chair/Commission Liaison:</b>	John C. Bleacher, MD
<b>Date of Next Committee Meeting:</b>	June 2021 ( date to be set)

# Shock Drill Down for Data Subcommittee

Marie Probst/Liz Atkins/Gina Solomon/Tracy Johns  
April 22, 2021



# Population Filters – Part 1

- State Trauma Registry patients from 2019 and 2020 with age >15 and SBP  $\leq$  120
  - 2019 – 6,910 patients
  - 2020 – 6,317 patients (issues with pull of last quarter data so number may be inaccurate)
  - Total = **13,227**
- 1<sup>st</sup> Filter – ED disposition = Transfer Out
  - 2019 - 229 patients
  - 2020 – 305 patients
  - Total = **534 patients**

# Identifying Potential Shock Patients

- We utilized Shock Index  $\geq 1$ , SBP  $< 90$  and Base Deficit  $\geq -6$  to identify potential shock patients
  - Shock Index  $\geq 1$  \*
    - 2019 – 49 patients
    - 2020 – 49 patients
    - **Total = 98 patients**
  - SBP  $< 90$ 
    - 2019 – 29 patients
    - 2020 – 22 patients
    - **Total = 51 patients**
  - Base Deficit  $\geq 6$ 
    - 2019 – 6 patients
    - 2020 – 6 patients
    - **Total – 12 patients**

***Total = 161 Patients***

*\* Shock Index = HR/SBP*

# Identifying Potential Shock Patients

- To narrow population allowing for record review additional filters were applied
  - Shock Index of  $\geq 1.5$
  - Patient transferred to named Georgia trauma center
- These additional filters left us with 7 records to review
- Data Integrity/Clinical Quality Questions from Review
  - Several records had Georgia Hospital Other instead of naming a specific facility
  - Several went to non-trauma centers

# Record Review Summary

- 7 records reviewed in state trauma registry
  - 3 of the 7 appeared to be true hemorrhagic shock patients
    - 3 others were major head injuries; 1 was ED discharge at receiving facility
- Of 3 shock patients
  - 1 MVC; 1 GSW; 1 Penetrating Other
  - 2 survived to be discharged; 1 ED death at receiving facility
  - 2 from Level IV to Level I facility; 1 from Level I to Level II Burn
  - Avg time at sending facility: 1 hr 48 min (1 hr 14 min; 1 hr 30 min & 2 hrs 41 min)



# Record Review Summary

- Data Integrity/Quality Issues Noted
  - Missing TS arrival time
  - ED departure time at receiving facility not correct
  - Non activation for GCS < 8
  - Missing e-codes

# Population Filters – Part 2

- Utilized same initial filter- Age > 15 and SBP< 120
- 1st Filter – Transferred in = Y
  - 2019 – 1250
  - 2020 – 1230
- Data Integrity Question
  - The filter from referring hospital appeared unreliable due records with ED arrival from = Referring Hospital but Transfer In Y/N=No.

# Population Filters – Part 2

- We utilized Shock Index  $\geq 1$ , SBP  $< 90$  and Base Deficit  $\geq -6$  to identify potential shock patients
  - Shock Index  $\geq 1$ 
    - 2019 – 185 patients
    - 2020 – 213 patients
    - **Total = 398 patients**
  - SBP  $< 90$ 
    - 2019 – 92 patients
    - 2020 – 81 patients
    - **Total = 173 patients**
  - Base Deficit  $\geq 6$ 
    - 2019 – 109 patients
    - 2020 – 94 patients
    - **Total – 203 patients**

*Total = 774 Patients*

# Identifying Potential Shock Patients

- To narrow population allowing for record review additional filters were applied
  - Shock Index of  $\geq 1.5$  – (40 patients)
  - Patient transferred from designated trauma center or center supplying trauma registry data to state
- These additional filters left us with 11 records for review
  - Small group has not reviewed all 11 records
  - 1 record briefly reviewed that appeared to meet patient type

# Record Review Summary

- Level IV Center to Level 1 Center
- 54 yo M s/p MCC
- SI on arrival to referring facility = 1.2; GCS 13
- ED LOS at referring = 1 hr 39 min
- Lapsed time from arrival at referring ED to accepting ED = 2 hrs 35 min
- Pt transferred via helicopter
  - Helicopter dispatched 26 min prior to patient arriving at referring facility
  - Helicopter arrived at referring facility 22 mins after patient arrival
  - Patient departed ED 1hr 17 minutes after helicopter arrived
  - 41 minutes transport time to accepting facility

# Record Review Summary

- Pt full activation on arrival to accepting ED
  - TS timely
  - Blood started
  - ED Dispo = OR; ED LOS 43 min
  - OR then IR with dispo to ICU
  - Patient expired later that evening in ICU
  - Injuries included chest and abdominal injuries

# Record Review Summary

- Data Integrity/Quality Issues Noted
  - Although patient came from Level IV center no matching registry record could be found from that center
  - Appears referring center recognized very early (prior to arrival) this patient needed to be transferred. What was delay after helicopter arrived?
  - Unknown what procedures (CT scans, blood) were done at sending

# Potential Next Steps

- Review other 11 patients in transferred in population
- Potentially work with centers to dig even deeper into cases of interest
- Discuss how to address data integrity issues
- Broaden filters to look at more patients





## Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:	Level III/Level IV Trauma Center Rural Workgroup		
Project/Activity <sup>1</sup>	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. Ensuring open lines of communication with referring facilities	OPEN	Goal One - Quality	
2. Transfer Issues (1) EMS availability (2) Accepting facility (3) Contact number for transfer centers (4) Helicopter vs. Ground	OPEN	Goal One – Quality – optimizing care across the continuum Goal Two – Obj 3 – identify areas of need	Survey tool development in process
3. Cost of care - defining readiness costs for LIII/LIV (including trauma center start up costs to drive grant process)	OPEN	Goal Three - Finance	Warren Averett agrees to engage if funded; will establish process for participation across all Level IIIs and IVs
4. PI project specific to LIII/LIV: (1) Hip fx care (2) Geriatric care	OPEN	Goal One – Quality	Survey tool development in process
5. Access to specialty care e.g., re-implantation, ECMO	OPEN	Goal One - Quality	GA COT hosted “State Trauma Leadership Group” adding a rural representative to the group; CoChair’s contact info submitted to GA COT Chair
6. ACS Consult Process – LIII - Alternative process for LIV	OPEN	Goal Two – Trauma care access & data	ACS Consultative visits for level III centers in preparation for AC verification requirements. PTSF and TETAF engaged for feasibility of consult for Level IVs but will require funding support from the Commission

<sup>1</sup> Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.

7. IRB for Rural centers			
8. Web-based Registry & contracted abstraction services			Liz and Gina have made contact with three registry abstraction support entities. They are investigating contracting logistics.
9. Grants (capital equipment & rural education)	OPEN		Current rural education grant

<b>Questions, Issues, and Recommendations Requiring Commission Discussion:</b>	Request consideration for AFY 2022 funding of: 1. Warren Averett LIII/LIV readiness costs survey 2. Level III ACS Consultative Visit reimbursement & External entity (e.g., PTSF or TETAF) for Level IV consult process
<b>Motions for Consideration at the Commission Meeting:</b>	None
<b>Committee Members:</b>	
<b>Chair/Commission Liaison:</b>	Dr. Greg Patterson (Archbold) & Dr. Alicia Register (Crisp)
<b>Date of Next Committee Meeting:</b>	August 13, 2021 (GQIP)



### Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:	Trauma Admin Subcommittee		
Project/Activity <sup>1</sup>	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. Develop Charter and Purpose for the group	In Process	Y	Clearly define the goals, objectives and expected outcomes as they align to the needs of the GTC
2. Letter to Trauma Centers CEO's	In Process	Y	Past efforts have been through the TPM/D to provide appropriate leader. This approach will ensure high level oversight
3. Meeting cadence	In Process	Y	Ensure alignment with GTC meetings
4. Executive Leader Orientation	TBD	Y	Providing a standard Trauma System Orientation to all executive leaders as needed so they can provide support to TPM/D

<b>Questions, Issues, and Recommendations Requiring Commission Discussion:</b>	GTC focus and priorities
<b>Motions for Consideration at the Commission Meeting:</b>	None at this time
<b>Committee Members:</b>	TBD
<b>Chair/Commission Liaison:</b>	Michelle Wallace
<b>Date of Next Committee Meeting:</b>	TBD

<sup>1</sup> Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.



### Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:	Georgia Committee for Trauma Excellence (GCTE)		
Project/Activity <sup>1</sup>	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. GCTE Goal Setting	In progress	Y	The GCTE leadership group is working to align committee goals with the initiatives of the entire Georgia Trauma System.
2. PRQ Playbook	In progress	Y	The Performance Improvement (PI) subcommittee of the GCTE is working to develop a resource for Level 1, 2, 3 and 4 trauma centers regarding best practice recommendations for PI plans and pre-review questionnaire (PRQ) responses.
3. Trauma Education	Ongoing	Y	<p>The Education subcommittee of the GCTE supports ongoing trauma specific education across the state. The most recent courses and course attendance are as follows:</p> <ul style="list-style-type: none"><li>American Trauma Society (ATS) Trauma Medical Director course (8 attendees)</li><li>ATS Injury Prevention Coordinator course (9 attendees)</li><li>ATS Trauma Registry course (19 attendees)</li><li>ATS Trauma Program Manager course (13 attendees)</li><li>ACS Optimal course (17 attendees)</li><li>Society of Trauma Nurses (STN) rural TOPIC course (13 attendees)</li><li>STN TOPIC course (9 attendees)</li></ul>

<sup>1</sup> Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.

			The group is exploring options for a Trauma Care After Resuscitation (TCAR) course for remaining funds.
4. Pediatric Radiology Project	In progress	Y	The Pediatric subcommittee of the GCTE continues to educate Georgia trauma centers on the use of the Pediatric Imaging Guidelines. In addition, the group is working to collect data to determine compliance and effectiveness of the guideline.
5. Child Abuse Prevention	Complete	Y	The Pediatric subcommittee of the GCTE distributed a flyer for child abuse prevention month, which was in April, to all hospitals and EMS agencies.
6. Shock Index Pediatric Adjusted (SIPA) Project	In progress	Y	The Pediatric subcommittee of the GCTE is beginning work on the SIPA project with hopes to: <ul style="list-style-type: none"> <li>• Predict which pediatric patients need resuscitation prior to transfer</li> <li>• Reduce under triage at pediatric centers</li> <li>• Streamline resuscitative efforts</li> </ul>

<b>Questions, Issues, and Recommendations Requiring Commission Discussion:</b>	None
<b>Motions for Consideration at the Commission Meeting:</b>	None
<b>Committee Members:</b>	GCTE Board: Chair, Jesse Gibson, Vice-Chair, Tracy Johns, Past Chair, Karen Hill and GTC member, Dr. Regina Medeiros GCTE Subcommittee Chairs: Registry, Tracy Johns, PI, John Pope, Pediatrics, Kellie Rowker, Education, Erin Moorcones, Injury Prevention, Kristal Smith
<b>Chair/Commission Liaison:</b>	Jesse Gibson/Dr. Regina Madeiros
<b>Date of Next Committee Meeting:</b>	May 21 <sup>st</sup> , 2021



**Georgia Trauma Foundation Report to the Georgia Trauma Network Care Commission  
May 20, 2021**

<b>Georgia Trauma Foundation</b>			
<b>Project/Activity<sup>1</sup></b>	<b>Status</b>	<b>Support GTC Strategic Priorities? (Y/N)</b>	<b>Comments</b>
<b>Deliverable #1</b> Increase number of Georgia Trauma Foundation Board Members to five through the recruitment of members outside of the Georgia Trauma Commission	We now have three (3) Board Members, and have created an Ex-Officio role for the Executive Director of the Georgia Trauma Commission to maintain oversight and alignment.	Y	We are still recruiting for an addition 1-3 members.
<b>Deliverable #2</b> Hold Board meetings quarterly, at a minimum; number of Board meetings held per quarter to be reported on the first day of the month following the end of the quarter	We have scheduled bi-monthly (6) Board meetings for 2021.  We have scheduled bi-monthly (6) Executive Committee meetings for 2021.	Y	
<b>Deliverable #3</b> Execute contract for fundraising and foundation development resource	We have hired Cheryle Ward, Director of Philanthropy. (start date 1/4/21)	Y	

<sup>1</sup> Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.

<b>Deliverable #4</b> Host two fundraising endeavors & report to GTC net funds raised	We are currently developing our fundraising strategic plan.	Y	<ul style="list-style-type: none"> <li>Introducing a fundraising event for Day of Trauma on Thursday, August 12, 2021 in St. Simons.</li> <li>Timeout for Trauma Gala scheduled for Saturday, April 30, 2022 at Porsche Museum and Experience Center.</li> </ul>
<b>Deliverable #5</b> Host Advocacy Day with community partners (Trauma Awareness Day)	Due to COVID restrictions, an in-person Advocacy Day was not possible.	Y	We are hoping this will return in 2022.
<b>Deliverable #6</b> Host biannual Trauma System Meetings with collaborating organizations (Trauma Symposium & Day of Trauma)	<p>The Trauma Symposium and Spring Meetings will return in 2022.</p> <p>A hybrid version of Day of Trauma is set for Friday, August 13 in St. Simons Island and online.</p>	Y	Looking at potential new location for Spring Meetings, still TBD.

<b>Questions, Issues, and Recommendations Requiring Commission Discussion:</b>	
<b>Motions for Consideration at the Commission Meeting:</b>	
<b>Board Members:</b>	<p>Dr. John Bleacher, President</p> <p>Dr. Regina Medeiros, Secretary/Treasurer</p> <p>Dr. Ninfa Saunders</p> <p>Elizabeth Atkins, Ex-Officio Board of Director</p>
<b>Chair/Commission Liaison:</b>	Dr. John Bleacher, President
<b>Date of Next Board Meeting:</b>	Wednesday, June 2, 2021



## Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup: Project/Activity <sup>1</sup>	GQIP		
	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. Opioid and AKI Work Groups	In progress	Y	Opioid workgroup working to develop state multimodal guideline and data collection points. AKI workgroup completing re-analysis on previous data as well as review of renal protective strategies. Groups meeting monthly
2. sTBI Cohort Workgroup & Drill Down	In progress	Y	TBI trauma center survey resulted. Data points for drill down exercise in development. Drill down request and instructions on target to go out mid May to Level I & II centers to include Peds. Group meeting monthly.
3. Data Validation - GCS Motor Score	Completed	Y	60% of centers participated. AVG percent of missing GCS motor scores – 8%. AVG number of those correctly missing – 60%
4. Level III/IV Workgroup	In development	Y	GQIP will participate in May 10 meeting to begin discussions on ways to assist these centers.
5. Peer Protection and Data Use Policies	In planning stage	Y	Plan to develop peer protection policies and data use policy and procedures to assure centers are comfortable with sharing and discussing data.

<b>Questions, Issues, and Recommendations Requiring Commission Discussion:</b>	Benchmarking platform for GQIP, Registry central site, legal consultant for peer review policy development
<b>Motions for Consideration at the Commission Meeting:</b>	None
<b>Committee Members:</b>	Dr. C. Dente, Dr. J. Sharma, Gina Solomon, Trauma center leadership staff
<b>Chair/Commission Liaison:</b>	Gina Solomon
<b>Date of Next Committee Meeting:</b>	July 20, 2021 at 4 PM for GQIPt and May 18, 2021 at 4 PM for GQIPs

<sup>1</sup> Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.



# TRAUMA RESEARCH PROJECT REPORTS 5/1/2021

Compiled by: Georgia Trauma Foundation

Project Title	Type	Approved Budget	Organization Or Institution Name	Responsible Investigator Or Project Leader
Prospective Randomized Trial of Metal vs Resorbable Plates in Surgical Stabilization of Rib Fractures	Clinical	<b>\$109,108.00</b>	Medical Center Navicent Health	Dennis W. Ashley, MD
A Neighborhood in Need: Developing Policy to Prevent Non-Accidental Childhood Trauma	Injury Prevention/ Social Sciences	<b>\$263,825.00</b>	Augusta University Research Institute	Melissa Bemiller, PhD
Can Thrombelastography be Predictive of Venous Thromboembolism after Trauma: a longitudinal, prospective, multi-institution study	Clinical	<b>\$209,024.00</b>	Medical Center Navicent Health	D. Benjamin Christie III, MD
Identifying and Mitigating Knowledge Gaps in Tourniquet Application in the State of Georgia: A Multi-Institutional Study in Two Level I Trauma Centers	Clinical/Education	<b>\$109,024.00</b>	Emory University School of Medicine	Christopher J. Dente, MD
Intra-operative Monitoring of Femoral Head Perfusion in Femoral Neck Fractures	Clinical	<b>\$39,995.00</b>	Children's Healthcare of Atlanta	Tim Schrader, MD
Defining Psychosocial Risk and High Risk/High Need Patients in Trauma	Psychosocial	<b>\$259,024.00</b>	Emory University School of Medicine	Randi N. Smith, MD, MPH

## **1. TRAUMA RESEARCH PROJECT:**

Prospective Randomized Trial of Metal vs Resorbable Plates in  
Surgical Stabilization of Rib Fractures

Medical Center Navicent Health

Dennis W. Ashley, MD

# PROJECT EXPENSE REPORT: 5/1/2021

## TRAUMA RESEARCH PROJECT:

### Prospective Randomized Trial of Metal vs Resorbable Plates in Surgical Stabilization of Rib Fractures

YEAR 1 and YEAR 2

BUDGET AREA	BUDGETED AMOUNT	EXPENSED TO DATE	REMAINING
PERSONNEL	\$96,619.36	\$41,755.72	\$54,863.64
SUPPLIES	\$1,000.00		\$1,000.00
TRAVEL	\$0.00		\$0.00
SUBCONTRACTS	\$0.00		\$0.00
INDIRECT COSTS	\$0.00		\$0.00
OTHER ([Brief Description])	IRB/Initial \$2,500.00	\$1,000.00	\$1,500.00
TOTAL	\$97,619.36	\$42,755.72	\$57,363.64

Has there been any variance in your budgeted amounts?	
No	
If yes, please explain	

# PROJECT PHASE STATUS: 5/1/2021

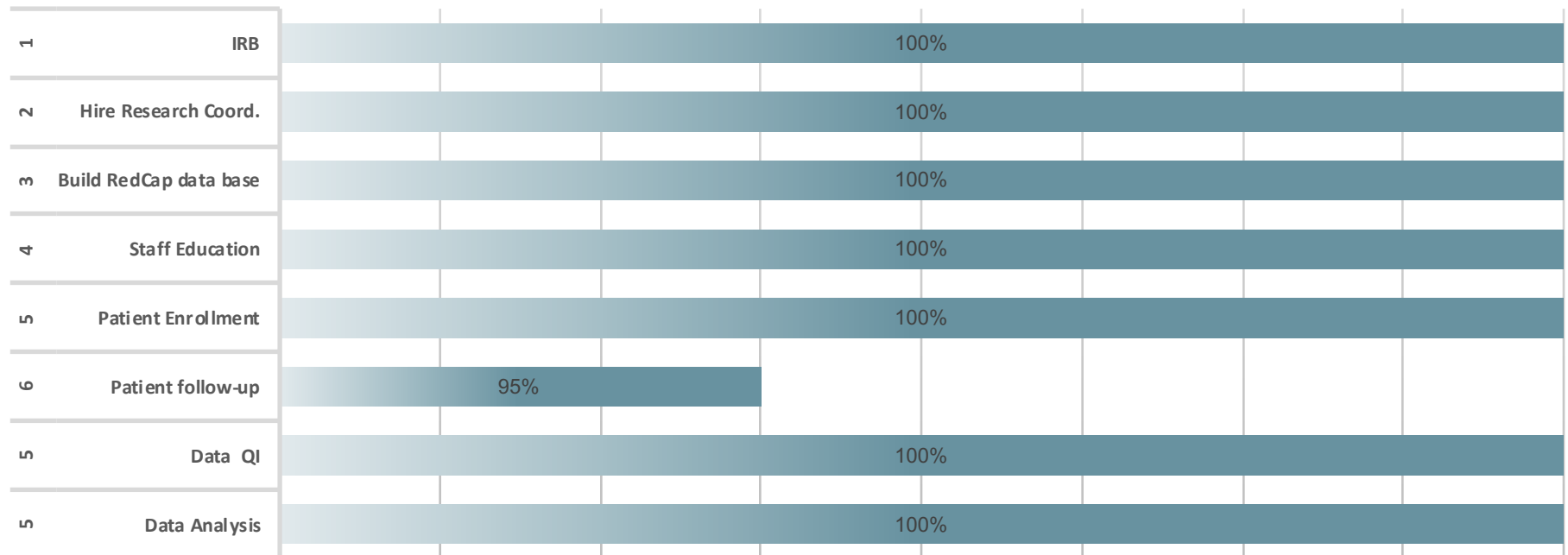
## TRAUMA RESEARCH PROJECT:

### Prospective Randomized Trial of Metal vs Resorbable Plates in Surgical Stabilization of Rib Fractures

Please list the key phases of the project from initiation to completion and what percentage of each has been completed to date. The number and descriptions of the phases listed below are only placeholders and should be adjusted to individual projects.

ANTICIPATED PROJECT COMPLETION DATE		
PHASE	DESCRIPTION	STATUS
1	IRB	100%
2	Hire Research Coord.	100%
3	Build RedCap data base	100%
4	Staff Education	100%
5	Patient Enrollment	100%
6	Patient follow-up	95%
5	Data QI	100%
5	Data Analysis	100%

5/2021: 6 month patient follow-up phase & data analysis.



## PROJECT SUCCESSES AND BARRIERS: 5/1/2021

TRAUMA RESEARCH PROJECT: Prospective Randomized Trial of Metal vs Resorbable Plates in Surgical Stabilization of Rib Fractures

<u>SUCCESSES</u> Project successes after completion of the study	<u>BARRIERS</u> List any current or anticipated project challenges experienced	<u>MITIGATION STRATEGIES</u> Describe how you propose to navigate challenges to ensure completion of project
<u>Data analysis</u> <ul style="list-style-type: none"><li>• Metal plates provided better initial alignment with no displacement over time</li><li>• No statistical difference for clinical outcomes with regards to pain, narcotic use or QOL scores comparing both types of plating method</li></ul> <u>Study Abstract</u> <ul style="list-style-type: none"><li>• Accepted for oral presentation → 80th Annual Meeting of AAST in October</li><li>• Manuscript to be submitted → Journal of Trauma and Acute Care Surgery for publication after AAST meeting</li></ul>	<ul style="list-style-type: none"><li>• 2020 COVID pandemic → mobility &amp; hospital visitor rules drastically decreased ability to complete post DC follow-up in later proposed periods: 3 &amp; 6 months and 1 year</li><li>• low N for 12 months follow-up</li></ul>	<u>Shelter in Place</u> <ul style="list-style-type: none"><li>• Emails and phone calls to encourage pt follow-up virtually</li><li>• Worked with facilities local to patient's home to obtain follow-up chest X-rays</li></ul> <u>Follow-up interviews</u> <ul style="list-style-type: none"><li>• conducted over phone by Trauma Research Coordinator</li></ul> <u>Small N</u> <ul style="list-style-type: none"><li>• statistical analysis limited to inpatient &amp; outpatient (not broken down into periods)</li><li>• bootstrapped (resampling) to fix slight skewness and use (more powerful) parametric tests where possible</li></ul>

## **2. TRAUMA RESEARCH PROJECT:**

A Neighborhood in Need: Developing Policy to Prevent  
Non-Accidental Childhood Trauma

Augusta University Research Institute

Melissa Bemiller, PhD

# PROJECT EXPENSE REPORT - 5/1/2021

## TRAUMA RESEARCH PROJECT:

A Neighborhood in Need: Developing Policy to Prevent Non-Accidental Childhood Trauma

BUDGET AREA	BUDGETED AMOUNT	EXPENSED TO DATE	REMAINING
PERSONNEL	\$97,648.00	\$56,817.00	\$40,831.00
SUPPLIES (technology, software, materials) and OTHER (committee meetings, publication expenses, trainings, memberships)	\$96,193.00	\$1,661.00	\$94,532.00
TRAVEL	\$46,000.00	\$2,469.00	\$43,531.00
INDIRECT COSTS	\$23,984.00	\$6,095.00	\$17,889.00
TOTAL	\$263,825.00	\$67,042.00	\$196,783.00

Has there been any variance in your budgeted amounts?	
Y/N	yes
If yes, please explain	Due to delays in getting the data, and COVID-19, I am behind in my anticipated spending. There has been a lot of difficulties getting data and networking with the pandemic. Meetings are picking up now so I anticipate being back on track this year. I expect the spending to increase once all data collection has been completed and social distancing/stay at home orders are lifted. This project will take longer than the initial two years put forth in the grant application. I received a one year no-cost extension in May 2020.

# PROJECT PHASE STATUS - 5/1/2021

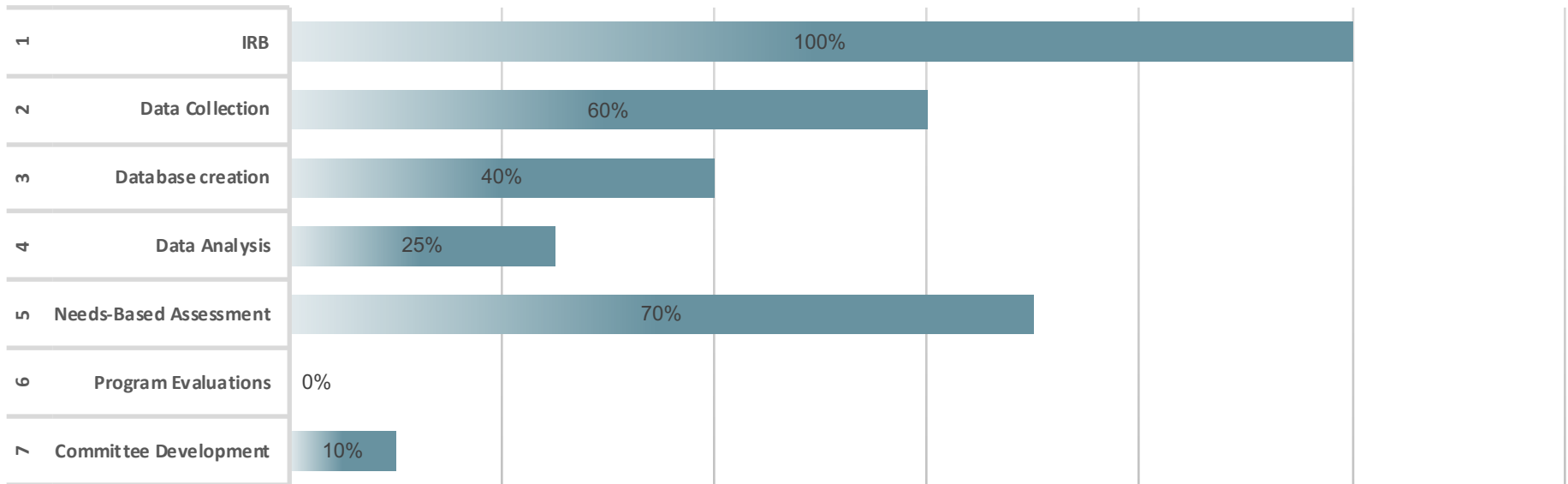
## TRAUMA RESEARCH PROJECT:

### A Neighborhood in Need: Developing Policy to Prevent Non-Accidental Childhood Trauma

Please list the key phases of the project from initiation to completion and what percentage of each has been completed to date. The number and descriptions of the phases listed below are only placeholders and should be adjusted to individual projects.

ANTICIPATED PROJECT COMPLETION DATE	
-------------------------------------	--

PHASE	DESCRIPTION	STATUS
1	IRB	100%
2	Data Collection	60%
3	Database creation	40%
4	Data Analysis	25%
5	Needs-Based Assessment	70%
6	Program Evaluations	0%
7	Committee Development	10%





# PROJECT SUCCESSES AND BARRIERS - 5/1/21

## TRAUMA RESEARCH PROJECT:

### A Neighborhood in Need: Developing Policy to Prevent Non-Accidental Childhood Trauma

#### SUCCESSES

List project successes or milestone completion to date.

- IRB
- Data collection
  - Currently have:
    - Child Enrichment Inc.
    - Census Data
    - NCANDS
    - Medical Data
    - Police Data
  - Waiting for the reports:
    - Dispatch Data
- Needs-Based Assessment in Progress
  - County -level program lists completed
  - Analysis continuing
    - Analysis showed some issues regarding areas acknowledging and understanding child abuse.
  - Awarded Funds to bring an evidence informed Child Abuse Intervention and Prevention Course called Partnerships for Healthy Communities to our area this year developed by CHOA.
  - This funding was applied for due to the results of the needs-based assesment.
  - It was determined that several areas would benefit from further education which increases the recognition of cild abuses and provides prevention strategies for first responders.

#### BARRIERS

List any current or anticipated project challenges experienced to date.

- Data collection
  - I haven't been able to gain permission to gather reports/data from:
    - School Data
    - DFACS Data
    - Child Fatality Data
  - The data collection issues have put me behind schedule
    - I have not hired my student assistants yet because I don't have the data for them to help with
  - I anticipated getting all the data within six months, but I am still waiting on some data to get to me, and waiting for permission for other sources.
  - COVID-19 has made data collection difficult. I anticipate that once the social distancing/stay at home orders are lifted, things will be easier.

#### MITIGATION STRATEGIES

Describe how you propose to navigate challenges to ensure completion of project.

- I have still been focusing on networking and getting involved with the agencies that I am receiving some pushback from.
- I have been working on the needs-based-assessment.
  - Analysis showed we needed to better train first responders. I am trying to find funding for a program to adress this issue.
  - Funding has been secured and we are in the process of bringing the program to the CSRA.
- I started a new strategy. Since it was easiest to get data from the counties closest to me. Instead of trying to gather all data from all counties before doing the analysis, I broke it up and started analysis for each county. This allows me to keep working even while I am waiting on some counties to still provide data.
- This is proving to be more successful than doing it all at once.

### **3. TRAUMA RESEARCH PROJECT:**

Can Thrombelastography be Predictive of Venous Thromboembolism after Trauma: a longitudinal, prospective, multi-institution study

Medical Center Navicent Health

D. Benjamin Christie III, MD

# PROJECT EXPENSE REPORT: 5/1/2021

Trauma Research Project: Can Thrombelastography be Predictive of Venous Thromboembolism after Trauma: a longitudinal, prospective, multi-institution study

BUDGET AREA	BUDGETED AMOUNT	EXPENSED TO DATE	REMAINING
PERSONNEL	\$46,250.00	\$29,675.17	\$16,574.83
SUPPLIES	\$175,475.68		\$175,475.68
TRAVEL			\$0.00
SUBCONTRACTS			\$0.00
INDIRECT COSTS			\$0.00
OTHER (IRB)	\$1,000.00	\$2,125.00	-\$1,125.00
TOTAL	\$222,725.68	\$31,800.17	\$190,925.51

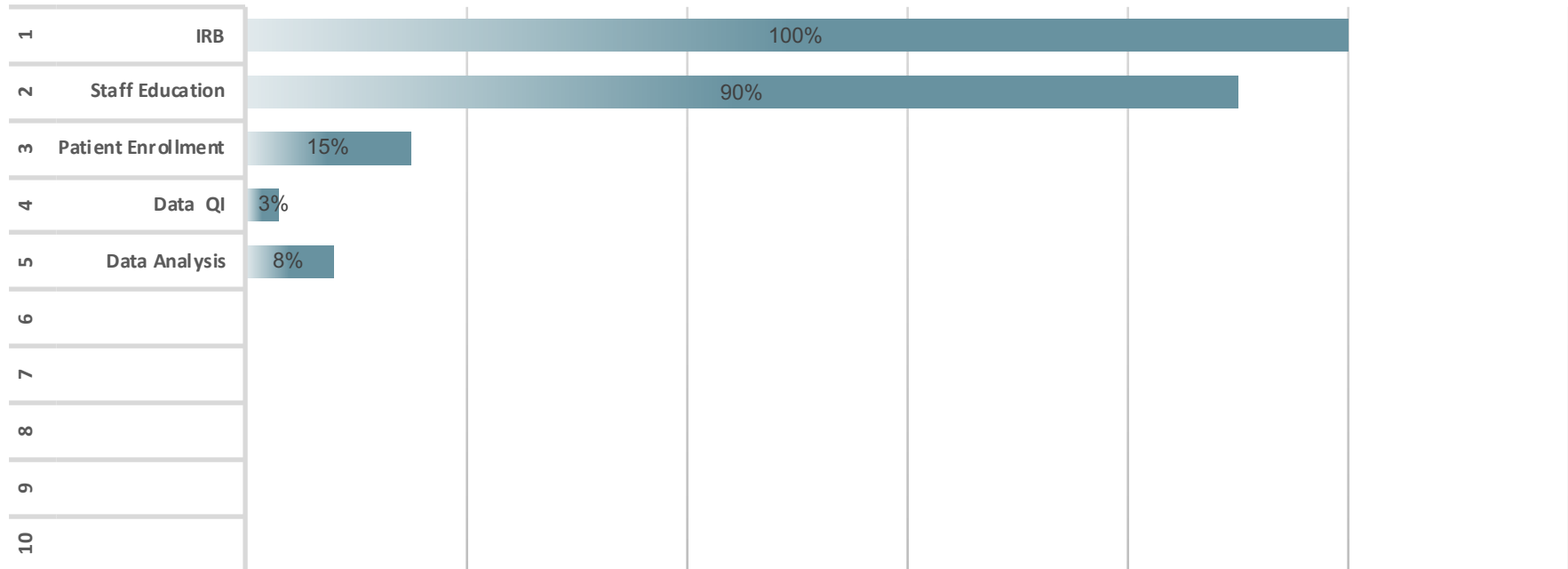
Has there been any variance in your budgeted amounts?	
Y/N	No
If yes, please explain	

# PROJECT PHASE STATUS: 5/1/2021

TRAUMA RESEARCH PROJECT: Can Thrombelastography be Predictive of Venous Thromboembolism after Trauma: a longitudinal, prospective, multi-institution study

Please list the key phases of the project from initiation to completion and what percentage of each has been completed to date.  
The number and descriptions of the phases listed below are only placeholders and should be adjusted to individual projects.

ANTICIPATED PROJECT COMPLETION DATE		
PHASE	DESCRIPTION	STATUS
1	IRB	100%
2	Staff Education	90%
3	Patient Enrollment	15%
4	Data QI	3%
5	Data Analysis	8%
6		
7		
8		
9		
10		



# PROJECT SUCCESSES AND BARRIERS 5/1/2021

TRAUMA RESEARCH PROJECT: Can Thrombelastography be Predictive of Venous Thromboembolism after Trauma: a longitudinal, prospective, multi-institution study

<h2>SUCCESSES</h2> <p>List project successes or milestone completion to date.</p>	<h2>BARRIERS</h2> <p>List any current or anticipated project challenges experienced to date.</p>	<h2>MITIGATION STRATEGIES</h2> <p>Describe how you propose to navigate challenges to ensure completion of project.</p>
<ol style="list-style-type: none"> <li>1. IRB application approved for Navicent, Northeast Georgia Med Center (NGMC) &amp; Memorial</li> <li>2. <u>Navicent</u>: <ul style="list-style-type: none"> <li>• GO LIVE: 9/28/20</li> <li>• Pts recruited: 103 (to date 4/13/21)</li> <li>• Screen failure: rate ↑ than expected</li> </ul> </li> <li>3. <u>NGMC</u>: ✓ data use &amp; study agreement <ul style="list-style-type: none"> <li>• GO LIVE: 1/4/21</li> <li>• Pts recruited: 23 (to date 4/23/21)</li> <li>• Screen failure: none</li> </ul> </li> <li>4. <u>Memorial</u>: ✓ data use &amp; study agreement <ul style="list-style-type: none"> <li>• GO LIVE: no date set</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. none</li> <li>2. High 'screen failure rate'</li> <li>3. Consent process</li> </ol>	<ol style="list-style-type: none"> <li>1. n/a</li> <li>2. Screen failure rate <ul style="list-style-type: none"> <li>• advance practice team- ownership of TEG study pt id &amp; TEG study orders</li> <li>• TEG research admin team reviews admits 6 days/wk</li> <li>• Research coor given access to order TEG labs per 'Protocol'</li> <li>• Data validation</li> <li>• Weekly meetings / follow-up among study team members about contract status</li> </ul> </li> <li>3. Consent <ul style="list-style-type: none"> <li>• Limited admin staff to consent pt</li> <li>• exploring possibility: include advance practice providers &amp;/or resident consents in other languages</li> <li>• consents created in other languages: spanish, korean &amp; vietnamese</li> </ul> </li> <li>4. No response to emails; follow-up with meeting between Prin Investigators from Nav &amp; Memorial</li> </ol>

#### **4. TRAUMA RESEARCH PROJECT:**

Identifying and Mitigating Knowledge Gaps in Tourniquet  
Application in the State of Georgia: A Multi-Institutional Study  
in Two Level I Trauma Centers

Emory University School of Medicine

Christopher J. Dente, MD

# PROJECT EXPENSE REPORT 5/1/21

TRAUMA RESEARCH PROJECT: Identifying Knowledge Gaps in Tourniquet Application in the State of Georgia: A Multi-Institutional Study in Two Level I Trauma Centers

BUDGET AREA	BUDGETED AMOUNT	EXPENSED TO DATE	REMAINING
PERSONNEL	\$77,609.00	\$44,775.88	\$32,833.12
SUPPLIES	\$2,504.00	\$0.00	\$2,504.00
TRAVEL	\$2,500.00	\$0.00	\$2,500.00
SUBCONTRACTS	\$16,500.00	\$0.00	\$16,500.00
INDIRECT COSTS	\$9,911.00	\$5,328.26	\$4,582.74
OTHER (Fringe and Encumbrances)	\$0.00	\$24,890.67	-\$24,890.67
TOTAL	\$109,024.00	\$74,994.81	\$34,029.19

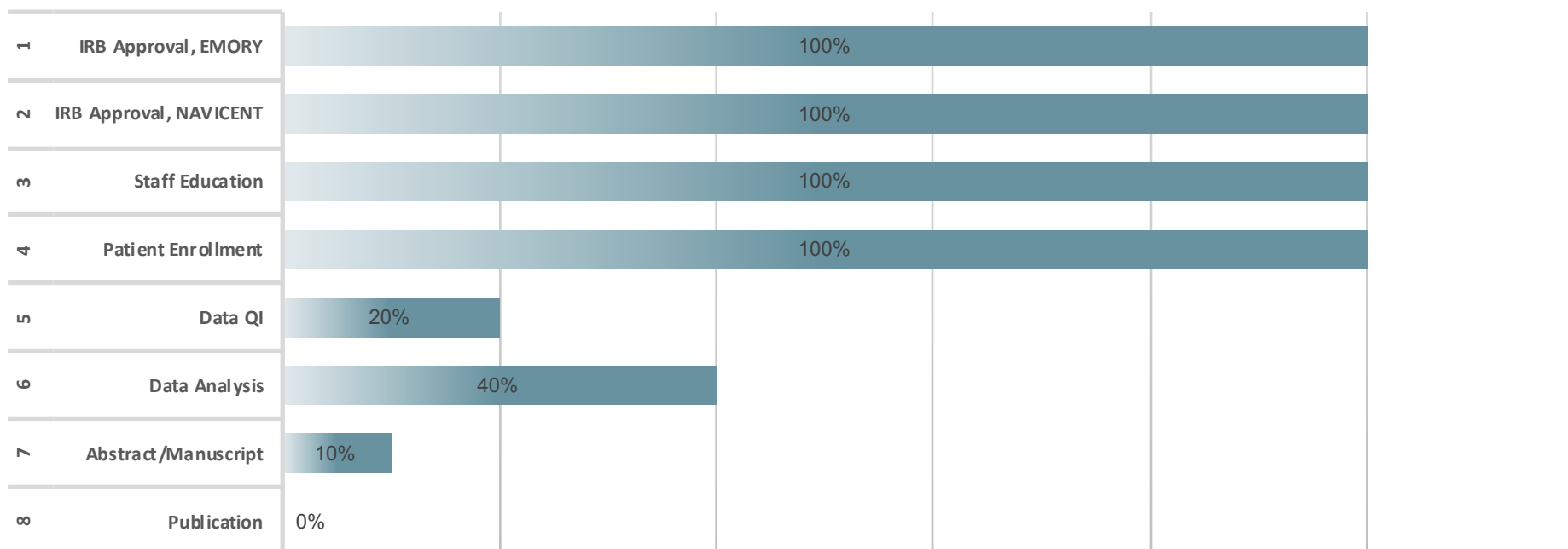
Has there been any variance in your budgeted amounts?	
Y/N	No
If yes, please explain	

# PROJECT PHASE STATUS: IRB APPROVAL

## TRAUMA RESEARCH PROJECT: Identifying Knowledge Gaps in Tourniquet Application in the State of Georgia: A Multi-Institutional Study in Two Level I Trauma Centers

ANTICIPATED PROJECT COMPLETION DATE	12/31/21
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PHASE	DESCRIPTION	STATUS	
1	IRB Approval, EMORY	100%	Emory IRB approved, Grady GROC approved
2	IRB Approval, NAVICENT	100%	Navicent IRB approved
3	Staff Education	100%	Enrollment complete
4	Patient Enrollment	100%	Enrolling patients as of 12/15/19- enrollment completed April 2021
5	Data QI	20%	Enrollment complete and multi-institutional data merged. Statistician engaged and finalizing database
6	Data Analysis	40%	Enrollment complete and multi-institutional data merged. Statistician engaged, finalizing database and beginning analysis
7	Abstract/Manuscript	10%	Beginning work on abstract with goal of submission July 1 2021
8	Publication	0%	





# PROJECT SUCCESSES AND BARRIERS: 5/1/21

TRAUMA RESEARCH PROJECT: Identifying Knowledge Gaps in Tourniquet Application in the State of Georgia: A Multi-Institutional Study in Two Level I Trauma Centers

## SUCCESSES

List project successes or milestone completion to date.

- Despite some difficulties with an over-reaching IRB at Emory, IRB approval was achieved
- Grady Research Oversight Committee Approval
- Navicent IRB approval
- Enrolling patients as of 12/15/19
- Enrollment over 70% complete, on track to exceed projected target of 150 patients for study period.
- Enrollment completed April 2021, met target of 150 patients.
- Have engaged Statistician and proceeding with data analysis

## BARRIERS

List any current or anticipated project challenges experienced to date.

- IRB approval at Emory

## MITIGATION STRATEGIES

Describe how you propose to navigate challenges to ensure completion of project.

- Multiple electronic and telephone conversations with IRB leadership led to eventual approval

## **5. TRAUMA RESEARCH PROJECT:**

Intra-operative Monitoring of Femoral Head Perfusion in  
Femoral Neck Fractures

Children's Healthcare of Atlanta

Tim Schrader, MD

# PROJECT EXPENSE REPORT: 5/1/21

## TRAUMA RESEARCH PROJECT:

Intraoperative Monitoring of Femoral Head Perfusion in Femoral Neck Fractures

BUDGET AREA	BUDGETED AMOUNT	EXPENSED TO DATE	REMAINING
PERSONNEL	\$3,120.00	\$0.00	\$3,120.00
SUPPLIES	\$35,350.00	\$0.00	\$35,350.00
TRAVEL	\$0.00	\$0.00	\$0.00
SUBCONTRACTS	\$0.00	\$0.00	\$0.00
FRINGE	\$725.00	\$0.00	\$725.00
INDIRECT COSTS	\$0.00	\$0.00	\$0.00
OTHER (Direct Costs - Statistician)	\$800.00	\$0.00	\$800.00
TOTAL	\$39,995.00	\$0.00	\$39,995.00

Has there been any variance in your budgeted amounts?	
Y/N	No
If yes, please explain	

# PROJECT PHASE STATUS: 5/1/21

## TRAUMA RESEARCH PROJECT:

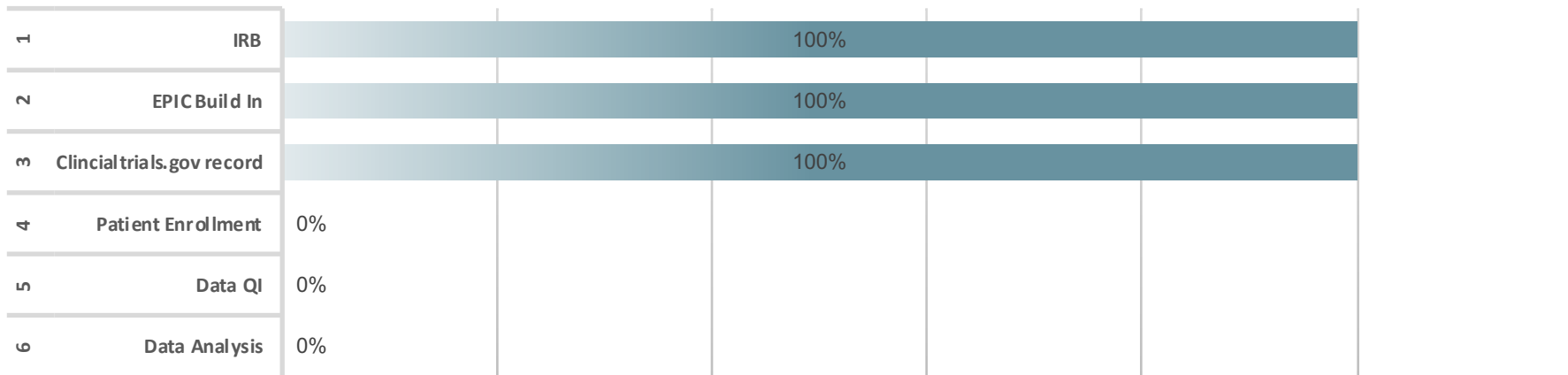
### Intraoperative Monitoring of Femoral Head Perfusion in Femoral Neck Fractures

Please list the key phases of the project from initiation to completion and what percentage of each has been completed to date.

The number and descriptions of the phases listed below are only placeholders and should be adjusted to individual projects.

ANTICIPATED PROJECT START DATE	1/15/20
ANTICIPATED PROJECT COMPLETION DATE	1/15/26

PHASE	DESCRIPTION	STATUS
1	IRB	100%
2	EPIC Build In	100%
3	Clinicaltrials.gov record	100%
4	Patient Enrollment	0%
5	Data QI	0%
6	Data Analysis	0%



# PROJECT SUCCESSES AND BARRIERS: 5/1/21

## TRAUMA RESEARCH PROJECT:

### Intraoperative Monitoring of Femoral Head and Perfusion in Femoral Neck Fractures

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#### SUCCESSES

List project successes or milestone completion to date.

- Entire project uploaded to [clinicaltrials.gov](https://clinicaltrials.gov)
- IRB approved whole project
- Training for some study members completed

#### BARRIERS

List any current or anticipated project challenges experienced to date.

- Enrollment can begin once all surgeons have been trained and consenting processes have been put in place

#### MITIGATION STRATEGIES

Describe how you propose to navigate challenges to ensure completion of project.

- Working with CHOA surgery department/ED to ensure all processes will be set in motion accurately and ASAP.

## **6. TRAUMA RESEARCH PROJECT:**

Defining Psychosocial Risk and High Risk/High Need Patients in  
Trauma

Emory University School of Medicine

Randi N. Smith, MD, MPH

# PROJECT EXPENSE REPORT 5/1/2021

TRAUMA RESEARCH PROJECT: Defining Psychosocial Risk and High Risk/High Need Patients in Trauma

BUDGET AREA	BUDGETED AMOUNT	EXPENSED TO DATE	REMAINING
PERSONNEL	\$164,545.00	\$106,602.02	\$57,942.98
<i>Fringe Benefits</i>	\$40,776.00	\$25,761.51	\$15,014.49
SUPPLIES	\$1,200.00	\$1,429.72	-\$229.72
TRAVEL	\$2,600.00	\$970.95	\$1,629.05
SUBCONTRACTS	\$0.00	\$0.00	\$0.00
INDIRECT COSTS	\$23,547.00	\$12,934.63	\$10,612.37
OTHER (RedCap, IT Support, Biostats Core)	\$26,356.00	\$444.17	\$25,911.83
<i>Consultants</i>	\$0.00	\$2,538.57	-\$2,538.57
TOTAL	\$259,024.00	\$150,681.57	\$108,342.43

Has there been any variance in your budgeted amounts?	
Y/N	Yes.
If yes, please explain	Over budgeted supplies amount by \$229.72. Consultant fees of \$2,538.57.

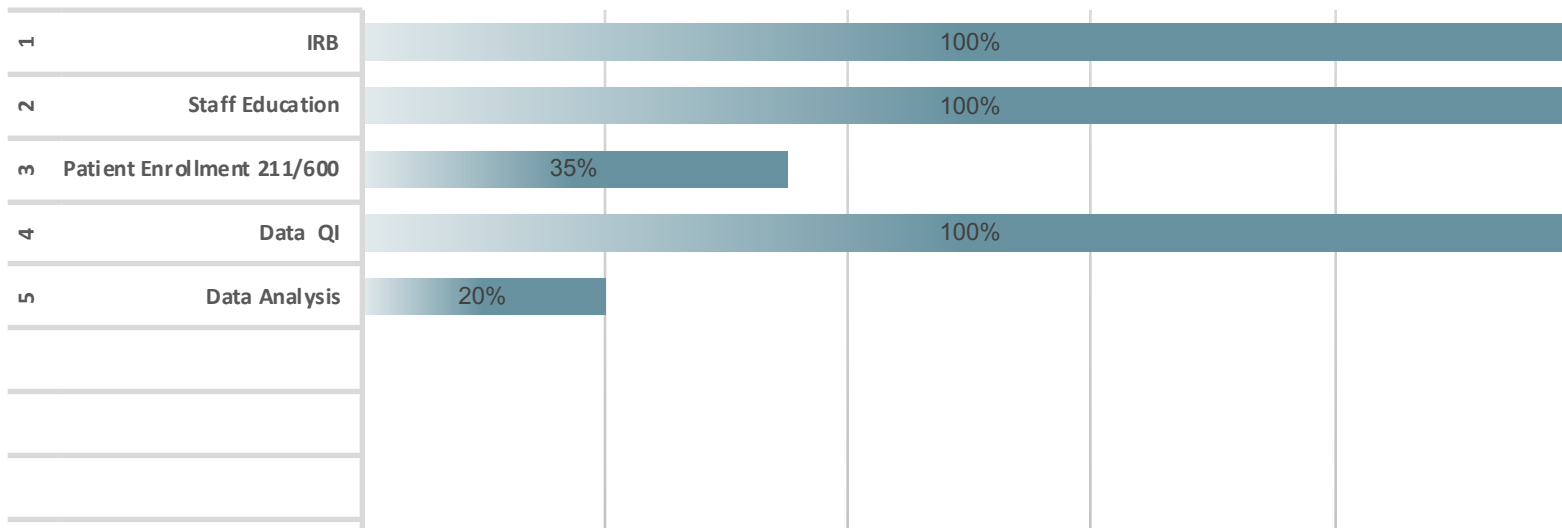
# PROJECT PHASE STATUS 5/1/2021

## TRAUMA RESEARCH PROJECT: Defining Psychosocial Risk and High Risk/High Need Patients in Trauma

Please list the key phases of the project from initiation to completion and what percentage of each has been completed to date.

The number and descriptions of the phases listed below are only placeholders and should be adjusted to individual projects.

ANTICIPATED PROJECT COMPLETION DATE		
PHASE	DESCRIPTION	STATUS
1	IRB	100%
2	Staff Education	100%
3	Patient Enrollment 211/600	35%
4	Data QI	100%
5	Data Analysis	20%





# PROJECT SUCCESSES AND BARRIERS 5/1/2021

TRAUMA RESEARCH PROJECT: Defining Psychosocial Risk and High Risk/High Need Patients in Trauma

## SUCCESSES

List project successes or milestone completion to date.

- Fully Approved by Emory IRB and Grady Research Oversight Committee
- 211 patients enrolled to date
- Total of 6 current study team members
  - Randi Smith, MD
  - Mara Schenker, MD
  - Juliana Cortes
  - Kendal Reed
  - Antonio Henry
  - Alexis Thompson, MPH
- RedCap completed and being utilized for data entry

## BARRIERS

List any current or anticipated project challenges experienced to date.

- Consenting patients before discharge
- Potential challenges with completion of follow-up visits
- **Due to COVID-19, new participant enrollment was paused on March 16, 2020 and resumed on November 9, 2020.**

## MITIGATION STRATEGIES

Describe how you propose to navigate challenges to ensure completion of project.

- When consenting, inform patients that follow up visit are essential to study success
- Requesting a one year no cost extension
- **Updating and implementing data analysis plan now that over 200 patients have been consented**
- **Increasing study team's weekly time commitment to study (e.g. Antonio Henry to increase time commitment from 8 hours/week to 20 hours/week for summer months)**



### Georgia Office of EMS and Trauma Report to the Georgia Trauma Network Care Commission

Name of Agency:	Georgia Office of EMS and Trauma		
Project/Activity <sup>1</sup>	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. Administration of an adequate system for monitoring state-wide trauma care.	Ongoing	O.C.G.A. § 31-11-102 (9)	EMS Agency Licensure, including vehicle/equipment inspections.  EMS Personnel Licensure (medics and instructors).  Trauma center designation/verifications : Two facilities have had ACS verification visits and one has had re-verification (Virtual) See follow up report.
2. Recruitment of trauma care service providers into the network as needed.	Ongoing	O.C.G.A. § 31-11-102 (9)	Working with hospitals to help gain Trauma Center Status.  We still anticipate that two new level IV facilities will be designated within the next few months. And an additional two (Level II and III) by the end of 2021.
3. Research as needed to continue to operate and improve the system.	Ongoing	O.C.G.A. § 31-11-102 (9)	Collaboration with GQIP time to definitive care and shock data analysis.
4. Additional Activities	Ongoing	O.C.G.A. § 31-11-102 (9)	Participation in Georgia State Trauma System Partners Summit  TRAIN Learning Management System now available for use.
Questions, Issues, and Recommendations Requiring Commission Discussion:			

<sup>1</sup> Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.

<b>Motions for Consideration at the Commission Meeting:</b>	
<b>Committee Members:</b>	N/A
<b>Chair/Commission Liaison:</b>	N/A
<b>Date of Next Committee Meeting:</b>	N/A



### Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:		MAG Medical Reserve Corps	
Project/Activity <sup>1</sup>	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. Trinity Medical School  Stop The Bleed Training & Itty Bitty City Disaster Response Training	Completed	Y	<p>MAGMRC traveled to Warner Robins in March to train medical students.</p> <p>First, all students were trained in Stop The Bleed.</p> <p>Second, all students participated in an “Itty Bitty City” disaster response training exercise. Students experienced on a smaller physical scale the complexities of disaster response from the initial 911 call, through who to call and why, what agencies to involve and why, if and when to evacuate and why, all the way to giving the all-clear signal ... and why. And, so much more. An all encompassing, sometimes stressful, table-top training exercise that obviously challenged and enthralled the medical students.</p> <p><b>Economic benefit to the State of Georgia - \$3,480</b></p>

<sup>1</sup> Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of th

e GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.



1. (continued)



*Dr. Frances Purcell, Trinity Medical School and MAGMRC addresses the classroom of students prior to Stop The Bleed training.*



*Itty Bitty City assets before the train & bus collision.*

<p>1. (continued)</p>			 <p><i>Dr. Harvey explains Itty Bitty City, the base disaster scenario the students will be presented with, and assigns roles.</i></p>  <p><i>Students react to the disaster as their assigned roles/agencies are required for the response.</i></p>
<p>2. GEMA Mass Vaccination Sites</p> <p>Delta Museum, Atlanta</p> <p>Lakepoint Sports Complex, Cartersville</p>	<p>Ongoing</p> <p>Start Date: 02/23/21</p> <p>Expected End Date: 05/21/21</p>	<p>Y</p>	<p>MAGMRC was activated by the GDPH to provide physician “medical evaluators” to GEMA vaccination sites at Delta Museum &amp; Lakepoint Sports Complex. From a pool of nearly 100 physician volunteers, MAGMRC has provided on-site physicians to field questions such as regarding the appropriateness of the vaccine given an individual’s condition or circumstances, to provide physician care when there are adverse reactions, and in some cases to simply calm fears.</p> <p><b>Projected economic benefit to the state of Georgia - \$175,000</b></p>



2. (continued)

**GEMA-Delta Museum Mass Vaccination Site**



*(Back L-R) Sheri Russo, GEMA; Dr. John Harvey, MAGMRC;  
Dr. Lisa Sward, MAGMRC; Kevin Stanfield, GEMA;  
(Front) Chip, MAGMRC*



*(L-R) Dr. Barbara Robertson, MAGMRC; Dr. Stella Tsai, MAGMRC  
(veterans of the MAGMRC 2020 COVID-19 response)*

3. Training Event “Big Blast Theory” Warner Robins	Upcoming June 11 – 13	Y	<p>MAGMRC is leading a training exercise in conjunction with Trinity Medical School, Central Georgia Technical College, and GA National Guard. Local government agencies will also participate. The event will involve a mock bomb blast creating a mass casualty event. Training will be classroom and hands-on. Subjects include blast injuries, triage, litter management, med evac helicopter litter loading, helicopter landing zone safety, mobile surge tent erection among others. The MAGMRC K-9 team will be involved to provide comfort to simulated walking wounded for the purposes of training and evaluation.</p> <p>GA National Guard plans to sent 35+ personnel for training. Number of MAGMRC volunteers, and others to receive training is TBD.</p> <p><b>Economic Benefit to the State of Georgia – TBD</b></p>
4. Atlanta Business Chronicle  <b>Finalist-</b> Health Care Heros Award – Community Outreach Category	<b>Pending Announcement of the Winner</b>	N	<p>The MAGMRC has been selected as a finalist for the Atlanta Business Chronicle (ABC) Health Care Heros award in the Community Outreach category. The winner has not yet been announced, but will be highlighted in the ABC May 28 edition.</p> <p>MAGMRC is grateful to the Georgia Trauma Care Network Commission (GTCNC) for the funding provided to make its work possible. This important role played by the GTCNC was included in the application and explained in the subsequent interview with the ABC reporter.</p>

<b>Questions, Issues, and Recommendations Requiring Commission Discussion:</b>	
<b>Motions for Consideration at the Commission Meeting:</b>	
<b>Committee Members:</b>	
<b>Chair/Commission Liaison:</b>	
<b>Date of Next Committee Meeting:</b>	





### RTAC Quarterly Report

Quarter: 4

Date: 5/4/2021

EMS Region	I
RTAC Chair	John Pope
RTAC Coordinator	Scott Lewis

Date last BIS Assessment completed: January 2017

Date last Trauma Plan completed: November 2015

### Projects:

Start Date	Status (Date if Completed)	Description and Report
Ongoing since 2017	Continuous with no end date, working on updates for 2020	Hospital's capabilities document (BIS 207.2)
Ongoing since 2018	<i>Complete</i>	<i>Stop the Bleed- All school are complete. All kits have been delivered. (BIS 207.2)</i>
On going since 2018	<i>Continuous with no end date.</i>	<i>Survivor Cases spotlight/recognition- Due to COVID-19 this years program will not go forward and will be revisited next year. (BIS 105.2).</i>
10/22/2020	<i>Complete</i>	<i>In conjunction with the bylaw changes mandated by OEMS/T which will also effect the RTAC. A committee has been assigned to adjust the members and bylaws and explore the development of a Regional Systems of Care Committee that will include Stroke, Trauma, Cardiac, OB, Peds, Prehospital, and Emergency Medicine.</i>
January 2021	<i>Being scheduled</i>	<i>BIS Assessment is onhold due to meeting restrictions and will be rescheduled when restrictions are lifted.</i>



RTAC Quarterly Report  
**Regional Summary:**

The first in-person meeting took place on April 22<sup>nd</sup>. The major point of business was the discussion of the bylaw changes and how they effect the RTAC. The BIS Assessment is currently being reschedule with stake holders with it tentively planned before our next meeting.



### Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:	Region 2 Regional Trauma Advisory Committee (RTAC)		
Project/Activity <sup>1</sup>	Status	Support GTC Strategic Priorities? (Y/N)	Comments
1. Pre-hospital Blood Pilot Project	In progress	Y	<p>The pre-hospital blood pilot project is going well with approximately 35 initiations of product. One of the four participating services (Jackson County) has received a second cooler and setup and now carries one unit of whole blood with one liquid plasma in one cooler and two liquid plasmas in the other cooler.</p> <p>The leaders of this group recently presented to GEMSMDAC with positive feedback. The next step is to work with the drugs and devices subcommittee of GEMSMDAC to hopefully implement on a larger scale.</p>
2. Regional Fluid Resuscitation Guideline	In progress	Y	RTAC members created a regional fluid resuscitation guideline to assist ground/air medical in limiting crystalloid administration. The RTAC and the region 2 EMS Medical Director approved the guideline. Final approval is required by the EMS region 2 council, which will be held in June.
3. Annual Trauma Symposium	In progress	Y	Region 2’s Annual Trauma Symposium will be held on October 29 <sup>th</sup> , 2021. Planning is underway and all speakers have been confirmed. There are national and local speakers presenting. The event is planned as an in-person event, with a virtual platform as well.

<sup>1</sup> Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.

<b>Questions, Issues, and Recommendations Requiring Commission Discussion:</b>	None
<b>Motions for Consideration at the Commission Meeting:</b>	None
<b>Committee Members:</b>	Chair: Chad Black, Vice-Chair: Jesse Gibson, Treasurer/Secretary: Lisa Farmer
<b>Chair/Commission Liaison:</b>	Chair: Chad Black, Commission Liaison: Liz Atkins
<b>Date of Next Committee Meeting:</b>	July 16, 2021

Quarter: 1

Date: 05/03/2021

EMS Region	3
RTAC Chair	Elizabeth R. Benjamin MD PhD
RTAC Coordinator	Mark Peters

Date last BIS Assessment completed: 01/2016

Date last Trauma Plan completed: 08/2016

**Projects:**

Start Date	Status (Date if Completed)	Description and Report
07/01/2017	In progress	Stop the Bleed Training
09/03/2020	02/08/2021	Executive Board Elections

**Regional Summary:**

The Region 3 RTAC Executive Board

- Chair - Elizabeth Benjamin MD  
Trauma Medical Director, Grady Memorial Hospital
- Vice Chair - Alexis Smith MD  
Trauma Medical Director, Children's Healthcare of Atlanta-Scottish Rite
- Secretary - Erin Moorcones RN  
Trauma Educator, Grady Memorial Hospital

Stop the Bleed Classes for two Metro Atlanta Schools - KIPP Woodson Park Academy & KIPP Soul Academy

Delivered Stop the Bleed kits to a new Marietta City School - Emily Lembeck Early Learning Center



## RTAC Monthly Report

Month: April 2021

Date: 05-01-2021

EMS Region	4
RTAC Chair	James (Sam) Polk
RTAC Coordinator	Stephanie Jordan

Date last BIS Assessment completed: Complete, awaiting review and approval

Date last Trauma Plan completed: 1/2018

### Projects:

State Date	Status (Date if Completed)	Description and Report
6/2017	Complete	TECC Courses
10/2018	Complete	School Stop the Bleed
11/2018	Complete	School Bus Stop the Bleed
11/2018	Complete	Hospital Tourniquets
06/2020	In progress	PI: Response to trauma and outcomes

### Stop The Bleed:

Persons Trained	Schools Completed	Hospitals Completed	Counties Completed	Counties with Buses Completed
3918	153	Piedmont Henry Piedmont Fayette Piedmont Newnan Tanner Carrollton Tanner Villa Rica Upton Regional Medical Center Warm Springs Medical Center Wellstar Spalding Wellstar Sylvan Grove Wellstar West Georgia	Butts Carroll Carrollton City Coweta Fayette Heard Henry Lamar Meriwether Pike Spalding Troup Upton	Butts Carroll Carrollton City Coweta Fayette Heard Henry Lamar Meriwether Pike Spalding Troup Upton

### Financial Report:

Grant Amount: \$			How received:	
Award Date	Invoice #	Invoice Amount	Grant Amount Remaining	Description/Notes
7/2017		??	??	Startup
6/2017		??	??	RIG-TECC Courses
6/2018		??	??	RIG-STB



#### RTAC Monthly Report

1. Coordinated/planned 'Back to School' Stop the Bleed classes with Butts County and Carroll County.
2. Researched
3. BIS Assessment awaiting review by Region 4 RTAC Committee and Region 4 EMS Council.
4. Touched base with Meriwether, Upson, Lamar, and Fayette. This was just to see how they are doing, how they are handling operations (trauma related), and if there were any questions with the RIG-funded disinfection systems.
5. Assisted Wellstar West Georgia with training beneficial to their ER staff, for TC Designation.
6. Process Improvement Project. Determining trauma patient transport time/delay/transfer to trauma centers. It is difficult to get data from 911 providers. I remain diligent, as the data is beneficial to Region 4.— In progress.

Quarter: FY 21, Q3

Date: 05/07/2021

EMS Region	5
RTAC Chair	Todd Dixon
RTAC Coordinator	Kristal Smith

Date last BIS Assessment completed: 2011

Date last Trauma Plan completed: 2016

**Projects:**

Start Date	Status (Date if Completed)	Description and Report
Dec 2016	Ongoing	Stop the Bleed Trainings (Schools, Community, etc) – Renewed interest in additional trainings in FY 21, Q3. Universities, high schools, churches, fire departments, and small civic groups requested/hosted in-person course offerings.
Feb 2017	Ongoing	Law Enforcement Mutual Aid Trauma Program (Regional Trauma System Improvement Initiative) - To date approx 1,200 law enforcement personnel trained; LEMAT utilizations on-going. Three counties requesting additional LEMAT trainings for FY 21, Q4. * she
Mar 2018	Ongoing	Two GTCNC/GEMSA funded TECC courses coordinated by RTAC instructors in FY 21, Q3.
Oct 2018	Ongoing	Mobile Equipment Caches (Regional Trauma System Improvement Initiative) - Two mobile Equipment Cache deployable. Two deployments in FY 21, Q3.
May 2019	Ongoing	Stop the Bleed - Beyond the Basics (RTAC Support Funds) - Designed to develop the region's instructor base by targeting educators in our participating hospitals and EMS agencies. No formal regional Stop the Bleed course offerings since initial COVID 19 shelter-in-place order.
Aug 2019	Ongoing	Stop the Bleed - Campus Resilience Initiative launched (School Response Initiative Resources) - expansion of the School Response Program to regional universities and technical colleges. Two universities hosted offerings in FY 21, Q3.
Jan 2019	Ongoing	Regional Pediatric Trauma Symposium held January 2019 and 2020 - (RTAC Support Funds) Planning committee determined it was best not to attempt a 2021 Symposium. Currently working to plan a hybrid in-person/virtual symposium in January 2022.
Feb 2020	Ongoing	Trauma Education Scholarships (RTAC Support Funds)- "Mini-scholarships" intended to assist regional in-hospital caregivers with attending trauma education offerings. FY 2021 Scholarships allowed for a regional delegation to attend STN virtual conference, Trauma Con and the SC Pediatric Trauma and Injury Prevention Symposium.
Feb 2020	Ongoing	Hospital Surge Readiness Course - educational offering for regional hospitals developed and conducted in partnership with Regional Preparedness Coalitions F and H. Pilot course was held at Piedmont Henry and was well received. No formal offerings since initial COVID 19 shelter-in-place order.



**Projects (continued):**

<b>Start Date</b>	<b>Status (Date if Completed)</b>	<b>Description and Report</b>
TBD	Ongoing	Mass-casualty Tabletops and Exercises (Regional Trauma System Improvement Initiative). Project postponed for the foreseeable future. RTAC and Regional EMS Council utilized funds to purchase Victory Handheld sprayers and disinfectant to combat COVID 19.
June 2020	Ongoing	RTAC Sponsored Q Word Podcast (RTAC Support Funds) - In order to rise to the educational challenges presented by COVID 19. The RTAC has sponsored multiple episodes on Special Populations in Trauma. The RTAC has sponsored 6 episodes to date. FY 21 Podcasts are in the works. Episode downloads as of 04/13/21 <ul style="list-style-type: none"> <li>• The Pregnant Trauma Patient – 1,515</li> <li>• The Pediatric Trauma Patient – 1,507</li> <li>• The Bariatrics Trauma Patient – 1,387</li> <li>• The Geriatric Trauma Patient – 1,888</li> <li>• Neurodivergent Trauma Part 1 – 1,780</li> <li>• Neurodivergent Trauma Part 2 – 1,814</li> </ul>
July 2020	Complete	Sanitizing Equipment Distribution (RTAC Support Funds) Approximately \$23,000 of FY 20 Education funds were utilized to purchase 42 Turbo-UV Sanitizers and accessories. The RTAC in collaboration with the Regional Healthcare Coalitions are currently distributing these items to participating regional 911 EMS agencies and Emergency Departments.
July 2020	Ongoing	The Injury Prevention Initiatives (RTAC Support Funds) - IP Subcommittee is focused on preventative efforts despite the challenges of COVID 19. We have appointed a social media content manager tasked with providing targeted IP messaging, recorded short video segments intended for social media and YouTube championing Stop the Bleed, child occupant safety, helmet use, etc. Bike helmets, gun locks and other resources have been distributed at Drive Thru for Health & Safety Events. Partnering with August University Trauma Program to offer Virtual Safe@Home program.

**Current Needs:**

No new needs. Ongoing support appreciated.

**Regional Summary:**

The Region 5 RTAC membership continues to work collaboratively to reach regional objectives in accordance with our trauma plan. R5 RTAC marked 10th year since onset of initial Trauma Regionalization Pilot. The last R5 RTAC and R5 EMS Advisory Council was April 14, 2020. The RTAC adopted its support funding request proposal for FY 2022 and reviewed RTAC Education and Injury Prevention strategic plans for FY 2022. Our subcommittees remain active, meeting in March 2020. The RTAC Performance Improvement Subcommittee and has reviewed 36 cases reviewed to date, while also working to with the Council Education Committee to shape RTAC educational goals and objectives. The PI Subcommittee held it's latest Drive Thru for Health and Safety Campaign on May 6<sup>th</sup> in Laurens County Georgia to kick off Trauma Awareness Month. A multi-disciplinary Rescue Task Force Instructor Course will be hosted at the Gaurdian Centers May 12-14, 2021.



## RTAC Quarterly Report

Quarter: 1st

Date: 05/05/2021

EMS Region	Region 6
RTAC Chair	Nicky Drake
RTAC Coordinator	Farrah Parker

Date last BIS Assessment completed: In Progress to be reviewed with RTAC Committee

Date last Trauma Plan completed:

### Projects:

Start Date	Status (Date if Completed)	Description and Report
06/01	In Progress	Regional Education forum for Region 6 agencies. RTAC would like to work collaboratively with Regional agencies to develop a partnership with regional training. It has been noted that multiple groups and agencies are providing the same education. It is believed that if we partner we can have a further reach with our First Responders and Trauma centers in our region. The RTAC will meet with representatives for the Coalition and EMS council to develop a plan and platform to provide different educational opportunities. The RTAC does have remaining funds that we would like to use toward education.
05/01	In Progress	School Bus Driver training will be completed this summer in conjunction with county training and mandatory meeting schedule.
06/01	In Progress	Farm Extrication classes contracted with GEMSA. Farm extrication class will be held in June in Wilkes county. Site has been selected and confirmed.
05/01	In Progress	Request for Regional equipment for training. RTAC Committee would like to purchase and make moulage kits for the regions. Each agency (17) will receive a kit for first responder and community training. Quote in progress for supplies. Once quote has been approved. Committee will work with AU to provide moulage training classes for individuals interested. Will provide educational credits as well. Lisa Smith and Michael Willis will work together for class instruction.
05/01	In Progress	Data collection on response times and transport times for Trauma centers. Will work with both Trauma centers to get de-identified data from registry reports. Data Points sent to Trauma center contacts for date range requested 01/01/2021-03/31/2021



#### RTAC Quarterly Report

05/01	In Progress	<b>Request for Regional equipment for training. RTAC committee would like to purchase supplies to revamp STB training kits. Requested needed materials from agencies and individuals that have kits and need replacement items. Will develop a quote for committee to review and approve.</b>
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#### Current Needs:

Region 6 currently has no immediate needs.

#### Regional Summary:

Committee still is very involved with creating and implementing ongoing education opportunities. Communication still remains intact with parties that continue to be involved with the ongoing efforts in the region. Now that some COVID restrictions have been lifted will resume all in-person meetings and continue our outreach and education initiatives within our region.



## RTAC Quarterly Report

Quarter: 4th Quarter FY2021

Date: April 23, 2021

EMS Region	7
RTAC Chair	Duane Montgomery
RTAC Coordinator	Brian Dorriety

Date last BIS Assessment completed: March 2020

Date last Trauma Plan completed: February 11, 2021

### Projects:

Start Date	Status (Date if Completed)	Description and Report
9-19-19	Completed	Region 7 is finally 100% completed with STB training.
1-20-21	In Progress	Fall Prevention Program: Sent out surveys throughout the community. Beginning Media coverage through Piedmont. Working on MVC's and Gun Violence through Safe Kids of Columbus.
2-20-20	Completed	Trauma Data Collection is completed through December 2020.
		Now working on Jan.-April 2021 data.

### Current Needs:

We would like to see our entire Region equipped with Video Laryngoscopes (VL) and pelvic binders. We have 6 services consisting of 14 units that are not using VL. The other 21 units are equipped with VL. Not sure if this can happen through trauma grants.

### Regional Summary:

01. We having our first ITLS course May 11, 12 here in Region 7 at Columbus Fire Association
02. I have sent out the equipment grant funds information to all of Region 7 EMS agencies and they are made aware of the deadline that is approaching.
03. Last RTAC meeting on April 20, 2021, the vote for Landing Zone Kits was approved. I will order those this week.
04. All of Region 7 Victory Sprayer Battery recall were addressed and changed out for new ones.
05. RTAC Plan was revised on February 11, 2021 with several phone numbers and names changed
06. RTAC 7 Budget = **\$36,802.00**



## RTAC Quarterly Report

Quarter: 3

Date: 5/1/2021

**Region: 8 & 9 Chair:** 8- David Edwards; 9-Dr. Gage; **RTAC Coordinator:** Stephanie Gendron

Date last BIS Assessment completed: January 2018

Date last Trauma Plan completed: In progress- Pending approval of EMS Council Bylaw Revision

### Projects:

Start Date	Status (Date if Completed)	Description and Report
7/2017	Complete- 8/13/2018; 8- Halted	9- GA STB- All schools complete with kits 8- Training paused for 20/21 School year. Completion training scheduled for return to school in July/August 2021
5/2018	Transportation STB- Complete 7/29/19 8-Halted	Complete- All transportation systems with kits. School systems are requesting refresher training 8- 8- Training paused for 20/21 School year. Completion training scheduled for return to school in July/August 2021
10/18	Pedestrian vs. MVC Injury Prevention Research- In progress	9-Working with DOT to reanalyze data
12/2018	DART Program	9-Training Completed 2/21- EMS council DART subcommittee needs completion plan
7/2019	Time to Care Metric	8 & 9 In progress
2/20	EMS Data Sharing	Sharing LOS, Overtriage, Mortality, Time on scene, PCR completion % with EMS Council; Data collection issues
1/2020	Farm Medic Class	8- Continuing classes regionally
5/2021	In Progress	Cadaver Labs in Region 8 May 2021, Region 9 June 2021

### Current Needs:

- DART Completion and Distribution plan from EMS council
- The Stop the Bleed program has been complete for Region 9 for over one year now and only a few kits have been requested after use by a school system. We need to establish what our availability will be for continued funding for replacement kits.

### Regional Summary:

Our regional activities have been significantly slowed down due to COVID-19. We are hoping for an in-person meeting for both the Region 8 and Region 9 RTACS for the next quarterly meeting to reflect the EMS Council meeting patterns.

Region 8 will hopefully complete the Stop the Bleed Training for schools (6 remaining) and transportation during the back to school in service days of the 2021/2022 school year. In preparation, we have scheduled multiple train-the-trainer sessions regionally. The cadaver lab will take place in May of 2021 in Dougherty County.

Region 9 moved the DART equipment to Jekyll Island Fire Rescue. The subcommittee must identify remaining fiscal needs and establish a plan to complete the project and implement the program as the first round of funding received was well over four years ago.

Region 9 has been working with DOT on multiple injury prevention programs including the pedestrian project and a new construction zone injury and fatality project. The cadaver lab will take place in Bulloch County in June of 2021.

Region 8 and 9 have received disinfecting equipment through the Trauma Commission and we are working through the recalls in both regions.



### RTAC Quarterly Report

Quarter: 3rd

Date: 2/8/2021

EMS Region	10
RTAC Chair	Dr. Kurt Horst
RTAC Coordinator	Crystal Shelnutt

Date last BIS Assessment completed: 10/31/2016

Date last Trauma Plan completed: 12/18/2018

### Projects:

Start Date	Status (Date if Completed)	Description and Report
1/2/2018	11/10/2020	<b>Stop the Bleed</b> All schools have completed the training and received BCON kits!
7/2018	In Progress	<b>BUS Driver STB</b> Jackson County, City of Jefferson, and Oglethorpe County school bus drivers are outstanding for completing that portion of STB. We are still attempting to schedule with these organizations.
5/2020	12/15/2020	<b>Sanitation equipment purchase for each county's EMS department</b>
2019	1/29/2021	<b>Region 10 Skills Lab</b> The skills lab sponsored by GEMSA was taught last month in Elbert County.
4/15&16/2021	Scheduled	<b>Farm Medic Course</b> Oglethorpe County EMS will host a Region 10 Farm Medic class in April 2021. Registration for this class is ongoing.
2021	Planning Stage	<b>Blood Products Pilot Project</b> <ul style="list-style-type: none"> <li>The RTAC Committee approved moving forward with the Blood Products Pilot Project. RTAC has been working with PARMC and last month received approval from Piedmont to move forward with the project. Dr. Horst, the RTAC Chair, approved the pilot project subcommittee that will meet later this month. Several counties have been identified and expressed interest in project participation. Jackson County EMS is a current participant in Region 2's plasma pilot project and has offered their support and experience as the subcommittee and project move forward.</li> </ul>

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### Current Needs:



#### RTAC Quarterly Report

The COVID-19 pandemic has understandably diverted some focus away from improvements in trauma care. Moving forward RTAC hopes to continue engagement with regional stakeholders and increase active participation in the committee.

Region 10 recently hosted the Skills Lab in Elberton. This class was well received by the medics that participated and the course enrollment was filled. We hope to be awarded more GEMSA classes in the future as we transition back to in-person classes.

#### Regional Summary:

As of January of 2021, Dr. Deanna Walters has accepted a position with the Center for Disease Control and is no longer working for UGA College of Public Health. Dr. Walters's position on the RTAC Committee had transitioned to Dr. Heather Padillia. Dr. Padilla brings a wealth of information and strong patient advocacy in chronic disease prevention. She began working in healthcare as a Registered Dietitian for local hospitals in Region 10. In 2017 Dr. Padilla was awarded her Doctorate in Philosophy, Public Health Education and Promotion. Dr. Padilla is looking forward to working with local EMS services and learning about trauma care in the region.

Regional meetings remain virtual for health and safety reasons as we continue to feel the strains of the COVID-19 pandemic. The committee looks forward to resuming in-person meetings when it is safe to do so.